



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2272		DATE: 4/9/2024	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BEN TRAVLOS		PHONE NUMBER: 573-893-1400	
REPRESENTING: MO FARM BUREAU		TITLE:	
ADDRESS: 701 S. COUNTRY CLUB DR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRADLEY LOVELESS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HERMAN KELLY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LEON MICHEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SCOTT KIMBLE		PHONE NUMBER:
REPRESENTING: MISSOURI ASSOCIATION OF SCHOOL ADMINISTRATORS		TITLE:
ADDRESS: 3550 AMAZON DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SCOTT LONG		PHONE NUMBER: 417-967-3222	
BUSINESS/ORGANIZATION NAME: TEXAS COUNTY		TITLE: TEXAS COUNTY PRESIDING	
ADDRESS: 310 N. GRAND			
CITY: HOUSTON		STATE: MO	ZIP: 65483
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ZACH WILLIAMS		PHONE NUMBER: 417-926-2665	
BUSINESS/ORGANIZATION NAME: WRIGHT COUNTY & COMM.		TITLE: PRESIDENT COUNTY COMM. ASSN.	
ADDRESS: P.O. BOX 98			
CITY: HARTSVILLE		STATE: MO	ZIP: 65667
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@mail.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/9/2024 11:40 PM
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I am Opposed to this Bill and taking away the purpose of the 1/8th State Sales Tax for Land Conservation and State Parks.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: STEVE JONES		PHONE NUMBER: 314-420-8087	
BUSINESS/ORGANIZATION NAME: CONSERVATION FEDERATION OF MO		TITLE: VICE PRESIDENT	
ADDRESS: 31273 N. HICKORY LICK RD.			
CITY: WARRENTON		STATE: MO	ZIP: 63383
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/6/2024 6:27 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. Resources should be equitably distributed among all Missouri public schools.		



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: AARON JEFFRIES		PHONE NUMBER: 573-751-4115
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF CONSERVATION		TITLE: DEPUTY DIRECTOR
ADDRESS: PO BOX 180		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM
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