



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|                                                                                                                                                                    |                               |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|
| BILL NUMBER:<br><b>HB 2543</b>                                                                                                                                     |                               | DATE:<br><b>2/7/2024</b>                |
| COMMITTEE:<br><b>Special Committee on Property Tax Reform</b>                                                                                                      |                               |                                         |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                                         |
| <b>WITNESS NAME</b>                                                                                                                                                |                               |                                         |
| <b>REGISTERED LOBBYIST:</b>                                                                                                                                        |                               |                                         |
| WITNESS NAME:<br><b>ANGELA SCHULTE</b>                                                                                                                             |                               | PHONE NUMBER:<br><b>573-680-0255</b>    |
| REPRESENTING:<br><b>MISSOURI COUNTY COLLECTORS ASSOCIATION</b>                                                                                                     |                               | TITLE:                                  |
| ADDRESS:<br><b>PO BOX 1108</b>                                                                                                                                     |                               |                                         |
| CITY:<br><b>JEFFERSON CITY</b>                                                                                                                                     |                               | STATE:<br><b>MO</b>                     |
|                                                                                                                                                                    |                               | ZIP:<br><b>65101</b>                    |
| EMAIL:<br><b>aschulte@hbstrategies.us</b>                                                                                                                          | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/7/2024 4:22 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**Missouri County Collectors Association supports this legislation.**



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                                          |
| <b>WITNESS NAME</b>                                                                                                                                                |                               |                                          |
| <b>INDIVIDUAL:</b>                                                                                                                                                 |                               |                                          |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>                                                                                        |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:                                                                                                                                        |                               | TITLE:                                   |
| ADDRESS:                                                                                                                                                           |                               |                                          |
| CITY:                                                                                                                                                              |                               | STATE:                  ZIP:             |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>                                                                                                                            | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/7/2024 11:15 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**I am in Support of this Bill and raising the Relief for Real Estate for Senior Citizens.**



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| COMMITTEE:<br><b>Special Committee on Property Tax Reform</b>                                                                                                      |                               |                                         |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                                         |
| <b>WITNESS NAME</b>                                                                                                                                                |                               |                                         |
| <b>INDIVIDUAL:</b>                                                                                                                                                 |                               |                                         |
| WITNESS NAME:<br><b>DANIEL FRANKS</b>                                                                                                                              |                               | PHONE NUMBER:                           |
| BUSINESS/ORGANIZATION NAME:                                                                                                                                        |                               | TITLE:                                  |
| ADDRESS:                                                                                                                                                           |                               |                                         |
| CITY:                                                                                                                                                              |                               | STATE:                  ZIP:            |
| EMAIL:<br><b>d.franks@howellcountyassessor.com</b>                                                                                                                 | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/6/2024 7:28 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I support this bill as it does solve some of the issues in the original legislation. There are still many problems with 137.1050 but this will make this statute more manageable for local government as other offered 2024 legislation does.**



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                                         |
| <b>WITNESS NAME</b>                                                                                                                                                |                               |                                         |
| <b>INDIVIDUAL:</b>                                                                                                                                                 |                               |                                         |
| WITNESS NAME:<br><b>KAREN MORGAN</b>                                                                                                                               |                               | PHONE NUMBER:                           |
| BUSINESS/ORGANIZATION NAME:                                                                                                                                        |                               | TITLE:                                  |
| ADDRESS:                                                                                                                                                           |                               |                                         |
| CITY:                                                                                                                                                              |                               | STATE:      ZIP:                        |
| EMAIL:<br><b>ksmorgan2@gmail.com</b>                                                                                                                               | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/6/2024 7:34 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>                                                                                      |                               |                                         |



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| <b>WITNESS NAME</b>                                                                                                                                                |                               |                                         |                      |
| <b>REGISTERED LOBBYIST:</b>                                                                                                                                        |                               |                                         |                      |
| WITNESS NAME:<br><b>MICHAEL R GIBBONS</b>                                                                                                                          |                               | PHONE NUMBER:<br><b>573-635-4430</b>    |                      |
| REPRESENTING:<br><b>ST. CHARLES COUNTY</b>                                                                                                                         |                               | TITLE:                                  |                      |
| ADDRESS:<br><b>115 EAST HIGH STREET</b>                                                                                                                            |                               |                                         |                      |
| CITY:<br><b>JEFFERSON CITY</b>                                                                                                                                     |                               | STATE:<br><b>MO</b>                     | ZIP:<br><b>65101</b> |
| EMAIL:<br><b>MGibbons@gibbonsworkman.com</b>                                                                                                                       | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/7/2024 4:40 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>                                                                                      |                               |                                         |                      |



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| <b>WITNESS NAME</b>                                                                                                                                                |             |                                          |                      |
| <b>REGISTERED LOBBYIST:</b>                                                                                                                                        |             |                                          |                      |
| WITNESS NAME:<br><b>STEVE HOBBS</b>                                                                                                                                |             | PHONE NUMBER:<br><b>573-634-2120</b>     |                      |
| REPRESENTING:<br><b>MO ASSOCIATION OF COUNTIES</b>                                                                                                                 |             | TITLE:                                   |                      |
| ADDRESS:<br><b>1648 E. ELM</b>                                                                                                                                     |             |                                          |                      |
| CITY:<br><b>JEFFERSON CITY</b>                                                                                                                                     |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:                                                                                                                                                             | ATTENDANCE: | SUBMIT DATE:<br><b>2/7/2024 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>                                                                                      |             |                                          |                      |



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| <b>WITNESS NAME</b>                                                                                                                                                |                               |                                         |
| <b>INDIVIDUAL:</b>                                                                                                                                                 |                               |                                         |
| WITNESS NAME:<br><b>DAVID NUFFA</b>                                                                                                                                |                               | PHONE NUMBER:                           |
| BUSINESS/ORGANIZATION NAME:                                                                                                                                        |                               | TITLE:                                  |
| ADDRESS:                                                                                                                                                           |                               |                                         |
| CITY:                                                                                                                                                              |                               | STATE:      ZIP:                        |
| EMAIL:<br><b>dbuffa82@yahoo.com</b>                                                                                                                                | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/6/2024 6:58 AM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

If this is the property tax credit please continue and thank you for last year's it was a great help as I am disabled and make less than \$1,000 a month