



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2546</b>		DATE: <b>2/20/2024</b>
COMMITTEE: <b>General Laws</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: <b>ANGELA SCHULTE</b>		PHONE NUMBER: <b>573-680-0255</b>
REPRESENTING: <b>SPIRIT OF '76 FIREWORKS</b>		TITLE:
ADDRESS: <b>PO BOX 1108</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL: <b>aschulte@hbstrategies.us</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/20/2024 1:06 PM</b>

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

Spirit of '76 Fireworks supports this legislation but would like it to expand to address "Proximate Fireworks". We have discussed our concerns with Rep. Taylor and look forward to working with the interested parties on this issue.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>HEATH CLARKSTON</b>		PHONE NUMBER: <b>573-520-7240</b>	
REPRESENTING: <b>MISSOURI FIREWORKS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>235 E. HIGH STREET, SUITE 301</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>hclarkston@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/20/2024 1:56 PM</b>	

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Fully support bill. The language as filed reflects the end product of two years of stakeholder discussions with the Missouri State Fire Marshal office.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>NIKKI STRONG</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>FIRE SERVICE ALLIANCE</b>		TITLE:	
ADDRESS: <b>213 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/20/2024 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TOM DIXON</b>		PHONE NUMBER: <b>636-296-5564</b>	
BUSINESS/ORGANIZATION NAME: <b>ATOMIC FIREWORKS INC OF MISSOURI</b>		TITLE: <b>SEC.-TREAS.</b>	
ADDRESS: <b>P.O. BOX 305</b>			
CITY: <b>ARNOLD</b>		STATE: <b>MO</b>	ZIP: <b>63010</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/20/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C AC "HONEST-ABE" DIENOFF</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/20/2024 12:00 AM</b>	
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