

BILL NUMBER: SB 872				DATE: 4/23/2024
COMMITTEE: Special Committee	on Public Policy			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: CARA HOOVER			PHONE NUME 573-356-9	
REPRESENTING: EVERGY			TITLE:	
ADDRESS: PO BOX 2322				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT 0 4/23/20	DATE: 124 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: SB 872				DATE: 4/23/2024
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: CHUCK PIERCE			PHONE NUME 573-635-2	
REPRESENTING: ASSOCIATED IND	USTRIES OF MISSOUF	रा	TITLE:	
ADDRESS: P.O. BOX 1073				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT D 4/23/20	OATE: 24 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: SB 872				DATE: 4/23/2024	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	3
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: DEREK LEFFERT			PHONE NUME 573-280-8		
REPRESENTING: GATEWAY FIBER			TITLE:		
ADDRESS: 275 W. SERVICE RD N					
CITY: WRIGHT CITY			STATE: MO	ZIP: 63390	
EMAIL:		ATTENDANCE:	SUBMIT 0 4/23/20	DATE: 124 12:00 AM	
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: DOUG GALLOWA	Y		PHONE NUME	BER:	
REPRESENTING: AT&T			TITLE:		
ADDRESS: 227 JEFFERSON S	ST				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT 0 4/23/20	DATE: 124 12:00 AM	
THE INFORMA	TION ON THIS FOR	RM IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.	



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: FRED DREILING			PHONE NUME 816-806-63	
REPRESENTING: BURNS & MCDON	NELL		TITLE:	
ADDRESS: 1025 W 64TH TERM	R			
CITY: KANSAS CITY			STATE: MO	ZIP: 64113
EMAIL: freddreilingllc@gn	nail.com	ATTENDANCE: SUBMIT DATE: 4/23/2024 9:18 AM		
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: SB 872			DATE: 4/23/2024
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TESTIFYING: ✓IN SUPPORT O	OF IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: GINGER STEINMETZ		PHONE NUM 573-291-9	
REPRESENTING: US CELLULAR		TITLE:	
ADDRESS: PO BOX 1108			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: gsteinmetz@hbstrategies.us	ATTENDANCE: Written	SUBMIT 4/22/20	DATE: 024 11:43 AM
THE INFORMATION ON THIS E	ORM IS PUBLIC RECOR	D LINDED CHA	DTED 610 PSMo

US Cellualr is supportive of the extension (or elimination) of the sunset of the Uniform Small Wireless Facility Deployment Act



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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: NANCY GIDDENS			PHONE NUME 573-230-6 2	
REPRESENTING: T-MOBILE			TITLE:	
ADDRESS: 208 MADISON ST.				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 4/23/20	OATE: 24 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	S
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: PHILLIP ARNZEN			PHONE NUME 573-634-3		
REPRESENTING: MO CHAMBER OF	COMMERCE		TITLE:		
ADDRESS: 428 E. CAPITOL AVE.					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT 0 4/23/20	DATE: 24 12:00 AM	
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TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: REBECCA EICHELBERGER		PHONE NUMB 573-230-1 4	
REPRESENTING: ASSOCIATION OF MO ELECTRIC CO-OP	S	TITLE:	
ADDRESS: 2722 EAST MCCARTY STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT D 4/23/20	ATE: 24 12:00 AM
THE INFORMATION ON THIS FOR	M IS PUBLIC RECORD I	JNDER CHA	PTER 610. RSMo.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SARAH MARTIN			PHONE NUME 573-239-0	
REPRESENTING: WOOD MARTIN CO	ONSULTANTS LLC		TITLE:	
ADDRESS: 903 WEST HIGH S	TREET			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT 0 4/23/20	DATE: 124 12:00 AM
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SCOTT SWAIN			PHONE NUME 573-230-8	
REPRESENTING: VERIZON			TITLE:	
ADDRESS: 104 CLAY				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT 0 4/23/20	DATE: 124 12:00 AM
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: SEAN OSTROW			PHONE NUME 785-550-5		
REPRESENTING: DISH NETWORK L	LC		TITLE:		
ADDRESS: 1718 BOBWHITE D	ADDRESS: 1718 BOBWHITE DR				
CITY: LAWRENCE			STATE: KS	ZIP: 66047	
EMAIL:		ATTENDANCE:	SUBMIT I 4/23/20	DATE: 124 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.	



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORGANIZATION:				
WITNESS NAME: TRACY KING			PHONE NUMB 573-353-9 5	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: tk933d@att.com		ATTENDANCE: In-Person	SUBMIT DATE: 4/23/2024 7:30 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: WILLIAM GAMBLE			PHONE NUME 573-634-4	
REPRESENTING: MISSOURI BROAD	BAND PROVIDERS		TITLE: LOBBYIS	Г
ADDRESS: POBOX 1865				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL: bill@molobby.com	1	ATTENDANCE: In-Person	SUBMIT DATE: 4/22/2024 5:58 PM	
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In support on behalf of the Missouri Broadband Providers



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		WITNESS NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: ZACH POLLOCK			PHONE NUME 573-645-7	
REPRESENTING: AMEREN			TITLE:	
ADDRESS: 1030 WESTWOOD				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/23/2024 12:00 AM	
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C. AC "HO	NEST ABE" DIENOFF		PHONE NUM	BER:
BUSINESS/ORGANIZATI	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT 4/23/2	DATE: 024 12:00 AM
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