



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1104		DATE: 3/11/2025	
COMMITTEE: Government Efficiency			
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: CASEY BURTON		PHONE NUMBER: 573-458-7043	
REPRESENTING: PHELPS HEALTH		TITLE:	
ADDRESS: 1000 WEST TENTH ST.			
CITY: ROLLA		STATE: MO	ZIP: 65407
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/11/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER: 816-294-0497	
REPRESENTING: GOLDEN VALLEY MEMORIAL HEALTHCARE		TITLE:	
ADDRESS: 205 EAST CAPITOL AVENUE, SUITE 100			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/11/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GREG WEAVER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gwemtp@aol.com	ATTENDANCE: Written		SUBMIT DATE: 3/11/2025 9:56 AM
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I support the bill			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JASON SHENEFIELD		PHONE NUMBER: 303-214-4757	
BUSINESS/ORGANIZATION NAME: PHELPS HEALTH		TITLE:	
ADDRESS: 1000 W. 10TH STREET			
CITY: ROLLA		STATE: MO	ZIP: 65401
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/11/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF, STATE PUBLIC ADV		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/11/2025 12:00 AM
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