



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1107		DATE: 4/1/2025	
COMMITTEE: Special Committee on Tax Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/1/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1107		DATE: 4/1/2025	
COMMITTEE: Special Committee on Tax Reform			
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: CHRIS SCHOEMAN		PHONE NUMBER: 636-541-1928	
REPRESENTING: 1ST PHORM		TITLE:	
ADDRESS: 18500 EDISON AVENUE			
CITY: CHESTERFIELD		STATE: MO	ZIP: 63005
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/1/2025 12:00 AM	

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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1107		DATE: 4/1/2025	
COMMITTEE: Special Committee on Tax Reform			
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: SARAH SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS; HALEON		TITLE:	
ADDRESS: 213 E CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65201
EMAIL: sgh@molobby.com	ATTENDANCE: In-Person		SUBMIT DATE: 4/1/2025 5:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			