



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1212		DATE: 3/3/2025	
COMMITTEE: Ways and Means			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ANGIE SCHULTE		PHONE NUMBER: 573-680-0255	
REPRESENTING: MISSOURI COUNTY COLLECTORS ASSOCIATION		TITLE:	
ADDRESS: 217 E CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: aschulte@hbstrategies.us	ATTENDANCE: Written		SUBMIT DATE: 3/3/2025 6:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/3/2025 11:55 PM

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I agree with the principal. This Bill NEEDS some work!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTIAN BISHOP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: christianbishop21@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2025 7:47 PM

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I'm opposed to the current language of this legislation. This provides no clear direction for dealing with problematic property owners, this is currently one of the methods the City of St. Louis uses to address vacancy. I would be amenable to more tailored provisions within this legislation.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LARRY VINCENT		PHONE NUMBER: 573-634-9129	
BUSINESS/ORGANIZATION NAME: COLE COUNTY		TITLE: COLE COUNTY ASSESSOR	
ADDRESS: 311 EAST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICHARD SHEETS		PHONE NUMBER: 573-635-9134	
REPRESENTING: MISSOURI MUNICIPAL LEAGUE		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1727 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2025 12:00 AM	
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