



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/25/2025	
COMMITTEE: Economic Development			
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."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person		SUBMIT DATE: 3/25/2025 11:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill. The Saint Charles County Convention and Sports Facility Authority is in a current Appeal of a Circuit Court Decision of a 11-Count Lawsuit with the City of Saint Charles in the Ownership, Management and Operation of the Convention Center. There needs to be an Agreement with the Authority Board that they will fully comply with the Missouri Open Meetings Act and Disclosure of Meeting Packets with all Supporting Documents. The Authority needs to publish these packets on their newly created Website and utilize the software. The Authority needs to disclose all of Consultant and Legal Counsel Contracts with the Public of Saint Charles County. For the \$5-Million Dollars from the State, there needs to be 1. Creation of Jobs, 2. Return-On-Investment, 3. Auditing, 4. Enforcement and 5. Transparency of spending the funds from the State Appropriations.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: FRED DYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/25/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ROBERT GUINNESS		PHONE NUMBER: 636-947-7711	
BUSINESS/ORGANIZATION NAME: ST CHARLES COUNTY CONVENTION & SPORTS FACILITIES AUTHORITY		TITLE:	
ADDRESS: 50 HILL POINTE CT SUITE 200 SUITE 200			
CITY: ST. CHARLES		STATE: MO	ZIP: 63303
EMAIL: guinness@stclegal.com	ATTENDANCE: In-Person		SUBMIT DATE: 3/24/2025 2:46 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEPHEN POWELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/25/2025 12:00 AM
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