

BILL NUMBER: HB 1369				DA 3/	TE: 5/2025	
COMMITTEE: Corrections and P	ublic Institutions			•		
TESTIFYING:	✓ IN SUPPORT OF	□ IN OPPOSITION TO □ FOR INFORMATIONAL PURPOSES				
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF			PHO	PHONE NUMBER:		
BUSINESS/ORGANIZATIO	DN NAME:		TITLE	Ξ:		
ADDRESS:						
CITY:		STAT	ſE:	ZIP:		
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/5/2025 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



BILL NUMBER: HB 1369				DATE: <b>3/5/2025</b>	
COMMITTEE: Corrections and P	ublic Institutions				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	GR INFORMATIONAL PURPOSES		
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: BRIAN BERNSKOETTER		PHONE NUMBER: 573-636-2822			
BUSINESS/ORGANIZATIC			TITLE:		
ADDRESS: 101 E HIGH ST					
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/5/2025 12:00 AM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.	



		DATE: <b>3/5/2025</b>	
	•		
IN OPPOSITION TO FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
WITNESS NAME: BRIAN DOCKERY		PHONE NUMBER: 309-781-4240	
BUSINESS/ORGANIZATION NAME: RIVER STONE GROUP INC; CENTRAL STONE COMPANY			
	STATE: IA	ZIP: 52807	
ATTENDANCE: Written	SUBMIT DATE: 3/4/2025 9:41 AM		
	WITNESS NAME STONE COMPANY ATTENDANCE:	WITNESS NAME         PHONE NUMBI         309-781-42         STONE COMPANY         VICE PRES         STATE:         IA         ATTENDANCE:	



PHONE NUMBE		
PHONE NUMBE	R:	
PHONE NUMBER: 573-635-0208		
TITLE: EXECUTIVE DIRECTOR		
·		
STATE: MO	ZIP: 65102	
	SUBMIT DATE: 3/5/2025 12:00 AM	
	STATE: MO SUBMIT DA	



			3/5/2025		
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	DSITION TO		FOR INFORMATIONAL PURPOSES		
WITNESS	NAME				
WITNESS NAME: ERIC SCHROETER		PHONE NUMBER: 573-526-2903			
BUSINESS/ORGANIZATION NAME: MODOT			DEP. DIR. CHIEF ENGR		
		STATE: <b>MO</b>	ZIP: 65102		
ATTENDANC	CE:		SUBMIT DATE: 3/5/2025 12:00 AM		
		RT OF IN OPPOSITION TO	RT OF IN OPPOSITION TO FOR INFORMA WITNESS NAME PHONE NUMBE 573-526-29 TITLE: DEP. DIR. ( STATE: MO ATTENDANCE: SUBMIT D		