



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1405</b>		DATE: <b>4/2/2025</b>	
COMMITTEE: <b>Local Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. AC "HONEST ABE" DIENOFF-STATE PUBLIC ADVO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>4/2/2025 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JOHN GREIFZU</b>		PHONE NUMBER: <b>636-441-0522</b>	
BUSINESS/ORGANIZATION NAME: <b>ST. CHARLES CITY-COUNTY LIBRARY DISTRICT</b>		TITLE: <b>CEO</b>	
ADDRESS: <b>427 SPENCER ROAD</b>			
CITY: <b>ST. PETERS</b>		STATE: <b>MO</b>	ZIP: <b>63376</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/2/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RANDY SCHERR</b>		PHONE NUMBER: <b>573-636-6200</b>	
REPRESENTING: <b>MISSOURI LIBRARY ASSOCIATION</b>		TITLE:	
ADDRESS: <b>101 E. HIGH</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>rjscherr@swllc.us.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>4/1/2025 6:11 PM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TOM DEMPSEY</b>		PHONE NUMBER: <b>636-288-7461</b>	
REPRESENTING: <b>ST. CHARLES COUNTY</b>		TITLE:	
ADDRESS: <b>3103 BUCKSKIN PATH</b>			
CITY: <b>ST. CHARLES</b>		STATE: <b>MO</b>	ZIP: <b>63301</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/2/2025 12:00 AM</b>	

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