

BILL NUMBER: HB 1415				DAT 3/2	E: :5/2025
COMMITTEE: General Laws				•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INI	FORMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C. AC "HOI	NEST-ABE" DIENOFF,	STATE PUBLIC ADV	PHON	NE NUMBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE	i:	
ADDRESS:			·		
CITY:			STAT	E:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 8/25/2025 1	2:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER	CHAPTE	R 610. RSMo.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 1415				DATE: 3/25/2025
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: GLENN B SCHULZ	7		PHONE NUMBI	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: glennbschulz@ya	hoo.com	ATTENDANCE: Written	SUBMIT D. 3/25/202	ATE: 25 7:09 AM

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

Missouri Concealed Carry Permit holders' rights to carry their firearms as they seek to leave their home, walk in town and drive to work are being squashed by quasi-governmental agencies. As a Missouri Concealed Carry Firearms Instructor, a professional security and firearms instructor, a certified marksman and a Branson licensed armed body guard, I can speak to this issue personally.I live in an upscale, lakeside, mixed development condominium in Branson, As a property owner, I have been granted deeded rights of ingress and egress for the purposes of walking, biking, driving and parking around my property. Yet the same master association that conferred these rights has subsequently enacted a rule that prohibits my ability, as a concealed carry permit holder and a firearms professional, to carry my weapon when using this deeded access. This not only frustrates my ability to defend myself, it impacts my profession. Crucially, this rule has been enacted without representation or the opportunity for redress on my part.I support HB 1415 to protect the intended rights and privileges of the trained "good quys" - Missouri Concealed Carry Permit holders. We should not allow private boards and committees to take away the right to carry on sidewalks, in parking lots, access hallways to private property and to limited common elements that are there simply for the enjoyment of the owner. Just as the Federal Government has stepped in to protect the right of these homeowners to display the American flag or to have a satellite dish, so should the Missouri Legislature protect the rights of our Missouri Concealed Carry permit holders from the overreach of these minimally regulated associations.



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JON STAMBAUGH	I		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			,		
CITY:			STATE:	ZIP:	
EMAIL: jon23551@gmail.c	om	ATTENDANCE: Written	SUBMIT I 3/25/20	DATE: 125 6:45 PM	
THE INFORMAT	TION ON THIS EOD!	MIS BURLIC PECOP	D LINDED CHA	DTED 610 DOM	10

I am in support of hb1415, however, I do not feel that an individual living in a HOA community must have a CCP to carry a firearm outside of their residence. It appears to me that it would violate their right to carry a firearm per SB656, permitless carry in the state of Missouri.



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MICHAEL			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: libertytree.cottage	976@passinbox.com	ATTENDANCE: Written	SUBMIT D 3/24/20	ATE: 25 5:20 PM
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I EMPHATICALLY SUPPPORT HB 1415 as originally filed!!!!!!!



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SUSAN MYERS			PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL:		ATTENDANCE:		T DATE: 2025 12	2:00 AM
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TESTIFYING:	\square IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LAURA BURKHAF	RDT		PHONE NUMBER	₹:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: aplomb-grove0n@	Dicloud.com	ATTENDANCE: Written	SUBMIT DA 3/25/202	TE: 5 8:42 PM
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: QUINTON HAYES			PHONE NUME	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT E 3/25/20	DATE: 125 12:00 AM
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