



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1524		DATE: 3/12/2025	
COMMITTEE: Emerging Issues			
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: 3/12/2025 11:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ERNESTO SEGURA		PHONE NUMBER: 314-374-6427	
BUSINESS/ORGANIZATION NAME: HUSCH BLACKWELL LLP		TITLE: PARTNER	
ADDRESS: 8001 FORSYTH BLVD SUITE 1500			
CITY: ST LOUIS		STATE: MO	ZIP: 63105
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JOHN BARDGETT		PHONE NUMBER: 314-409-2855	
REPRESENTING: ST. LOUIS CARDINALS		TITLE:	
ADDRESS: 16141 SWINGLEY RIDGE ROAD, SUITE 110			
CITY: CHESTERFIELD		STATE: MO	ZIP: 63017
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ROBERT O'LOUGHLIN		PHONE NUMBER: 314-422-6262	
BUSINESS/ORGANIZATION NAME: LODGING HOSPITALITY MGR		TITLE:	
ADDRESS: 111 WESTPORT PLAZA			
CITY: ST LOUIS		STATE: MO	ZIP: 63146
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: STEVE O'LOUGHLIN		PHONE NUMBER: 314-753-7517	
BUSINESS/ORGANIZATION NAME: LHM		TITLE: PRESIDENT	
ADDRESS: 111 WESTPORT PLAZA			
CITY: ST LOUIS		STATE: MO	ZIP: 63146
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2025 12:00 AM	
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