



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1580</b>		DATE: <b>3/12/2025</b>	
COMMITTEE: <b>Emerging Issues</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."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/12/2025 11:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JOHN BARDGETT</b>		PHONE NUMBER: <b>314-409-2855</b>	
REPRESENTING: <b>ST. LOUIS CARDINALS</b>		TITLE:	
ADDRESS: <b>16141 SWINGLEY RIDGE ROAD, SUITE 110</b>			
CITY: <b>CHESTERFIELD</b>		STATE: <b>MO</b>	ZIP: <b>63017</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ROBERT O'LOUGHLIN</b>		PHONE NUMBER: <b>314-422-6262</b>	
BUSINESS/ORGANIZATION NAME: <b>LODGING HOSPITALITY MGT</b>		TITLE:	
ADDRESS: <b>111 WESTPORT PLAZA</b>			
CITY: <b>ST LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63146</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>STEVE O'LOUGHLIN</b>		PHONE NUMBER: <b>314-753-7517</b>	
BUSINESS/ORGANIZATION NAME: <b>LHM</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>111 WESTPORT PLAZA</b>			
CITY: <b>ST LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63146</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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