



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 202		DATE: 2/4/2025	
COMMITTEE: Government Efficiency			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRAD JONES		PHONE NUMBER: 573-619-3077	
REPRESENTING: NFIB (NATIONAL FEDERATION OF INDEPENDENT BUSINESS)		TITLE: STATE DIRECTOR	
ADDRESS: 308 E. HIGH			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: Brad.Jones@nfib.org	ATTENDANCE: Written	SUBMIT DATE: 2/3/2025 2:36 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAMES HARRIS		PHONE NUMBER: 573-761-7875	
REPRESENTING: FGA ACTION		TITLE:	
ADDRESS: 122 E. HIGH STREET, SUITE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/4/2025 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: LUKE REED		PHONE NUMBER: 573-635-3511
BUSINESS/ORGANIZATION NAME: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE:
ADDRESS: 428 EAST CAPITOL AVENUE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/4/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAY MCCARTY		PHONE NUMBER: 573-634-2246	
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: ASSOCIATED INDUSTRIES OF MISSOURI	
ADDRESS: 3234 W TRUMAN BLVD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: rmccarty@aimo.com	ATTENDANCE: Written	SUBMIT DATE: 2/3/2025 6:52 PM	
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Associated Industries of Missouri supports increasing the checks and balances on those claiming unemployment benefits. Such benefits should be utilized as a temporary measure by those that are unemployed through no fault of their own. If they are not actively seeking work, benefits should be denied.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/4/2025 12:00 AM
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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: 2/4/2025 11:46 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am Opposed to this Bill. This Bill has issues. Do not take way the Certified Letter Notification from the Division of Employment Security as this is many Missourians Liveyhoods. Please see my Public Testimony on Committee Video.