

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

HB 207				2/4	E: /2025	
COMMITTEE: General Laws						
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR I	NFORMATIC	NAL PURPOSES	
		WITNESS NAME				
BUSINESS/ORGAN	NIZATION:					
WITNESS NAME: JOSEPH PLAGGENB	ERG			ONE NUMBER: 3-482-3274		
BUSINESS/ORGANIZATION NAME: PLAGGENBERG LAW LC; P&H MGMT LC			AT	TITLE: ATTORNEY AND BUSINESS OWNER		
ADDRESS: 1528 E MCCARTY ST	., STE. 4		1			
CITY: JEFFERSON CITY			ST/	ATE: O	ZIP: 65101	
EMAIL: joey@plaggenbergla	w.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/4/2025 10	:40 AM	
THE INFORMATION	ON ON THIS FORM	IS PUBLIC RECOR	D UNDE	R CHAPTE	R 610, RSMo.	
		Laws CommitteeFrom: MGMT LCRe: HB 207				
	erg Law LC and P&n	In Support of Pro	cessing F	ee Increase	s:• Increases	
O ,		r licensing transactions.			re last increased	
six years ago.o Prop B will increase		as increased costs acro the need to hire addition				
		or cost of living adjustm				
Distribution Fund:•		Article IV, Section 30(b)				
		s as an incident to their and taxes upon motor ve				
fuels shall be depo	sited in the state roa	d fund." • License Offic	e Socialis	sm: the Fund	l establishes a	
	ribute wealth generat	ted from efficient, well ra	an license	offices, to s	maller offices	
and offices that oper		ased upon processing fe				
		mately \$8.98 million dol				
		annually assuming 174 ase Office collected \$46,				
		I \$7,401 for the Fund and			Subsidizes	
		juality and amount of wo			Focus	
		etitive, improving custor				
		o.In Opposition to Forme				
		ormer DOR employees v cy employees in compe				
		nt contractors to limit co				
		R employees from work				
disallows them to co					etitive bidding is	
		de to the lowest and bes				
not even involved in		es and many have succ			employees add	
offices in the past.•		ent: not mutually exclus				
•		rs from running license				
titling tay?						



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES		
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: JOSKO WRABEC			PHONE NUMI	BER:		
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/4/2025 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONA	L PURPOSES	
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: TERRY COLE			PHONE NUM	MBER:		
BUSINESS/ORGANIZATION NAME: TITLE:						
ADDRESS:						
CITY:			STATE:	Z	IP:	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/4/2025 12:00 AM		
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TESTIFYING:	☐IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFO	ORMATIO	NAL PURPOSES	
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF, STATE PUBLIC ADV						
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:						
CITY:			STATE:		ZIP:	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/4/2025 12:00 AM		
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