

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 233				DATE: 1/30/2025	
COMMITTEE: Legislative Review	V		·		
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE PHONE NUM			PHONE NUMBE	ER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yaho	oo.com	ATTENDANCE: Written	SUBMIT DA 1/30/202	ATE: 25 11:07 PM	

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

I am in Support of this Bill and its intent of Providing "Public Notice" for Zoning Changes, Conditional Use Permits and other Land Development Public Hearing Notice on the City, Village or County Website. I would like to see an Amendment that the Political Juristriction holding the Public Hearing must eract on the Property requesting a Land Change a 2' X 2' "Public Notice Sign", with a paper explaining the Application Request, Zoning Change or Land-Use with a map of the parcels involved and a direct Website Link and Telephone Number Contact for additional Detailed Information and Documents.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: CARA HOOVER			PHONE NUMB 573-356-9 (
REPRESENTING: CASS COUNTY			TITLE:	
ADDRESS: PO BOX 2322				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: cara@heartlandpo	licyadvisors.com	ATTENDANCE: In-Person	SUBMIT DATE: 1/29/2025 9:59 PM	
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Cass Co supports this change in an effort to operate government more efficiently.



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		WITNESS NAME			
REGISTERED LOBBYIST:					
WITNESS NAME: DOUG CREWS			PHONE NUMB 573-881-5 2		
REPRESENTING: MO PRESS ASSOC	CIATION		TITLE:		
ADDRESS: 802 LOCUST ST.					
CITY: COLUMBIA			STATE: MO	ZIP: 65201	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/30/2025 12:00 AM		
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COMMITTEE: Legislative Review		•		
TESTIFYING: IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMATION	NAL PURPOSES	
	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:		·		
CITY:		STATE:	ZIP:	
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 1/26/2025 12:52 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				