



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 249		DATE: 2/20/2025	
COMMITTEE: Local Government			
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: ANGELA SCHULTE		PHONE NUMBER: 573-680-0255	
REPRESENTING: MISSOURI COUNTY COLLECTORS ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 1108			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: Written	SUBMIT DATE: 2/20/2025 11:58 PM

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I am in Support of this Bill. I Testified and in Support of the Senate Bill, offered by Senator Sandy Crawford.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: D. SCOTT PENMAN		PHONE NUMBER:	
REPRESENTING: MISSOURI ASSOCIATION OF PUBLIC ADMINISTRATORS		TITLE:	
ADDRESS: BOX 684			
CITY: JEFF CITY		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2025 12:00 AM	

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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JIMMY LAUGHLIN		PHONE NUMBER: 573-317-3868	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF COUNTY AUDITORS-MACA		TITLE: CAMDEN COUNTY AUDITOR- MACA PAST PRESIDENT AND LEGI	
ADDRESS: 1 COURT CIRCLE NW SUITE 7			
CITY: CAMDENTON		STATE: MO	ZIP: 65020
EMAIL: jimmy_laughlin@camdencountymo.gov	ATTENDANCE: Written	SUBMIT DATE: 2/19/2025 8:23 PM	
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This legislation will allow County Auditors to have access to custodial accounts of the public administrators that are fiduciary responsibility of the county but not truly county accounts. Currently we have access to only County accounts these are custodial accounts in care of the public administrator. This would allow oversight of these custodial accounts that currently is not available.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANON HAWK		PHONE NUMBER: 573-659-6704	
REPRESENTING: MISSOURI ASSOCIATION OF COUNTY AUDITORS		TITLE:	
ADDRESS: 101 E. HIGH ST., FIRST FLOOR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TRENT WATSON		PHONE NUMBER: 314-606-0141	
REPRESENTING: MISSOURI ASSOCIATION OF COUNTIES		TITLE:	
ADDRESS: PO BOX 2221			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: trent@trentwatson.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/20/2025 8:14 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
In support of			