



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 437		DATE: 2/12/2025	
COMMITTEE: Commerce			
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		TITLE: STATE DIRECTOR	
ADDRESS: 308 E. CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: Brad.Jones@nfib.org	ATTENDANCE: Written		SUBMIT DATE: 2/11/2025 8:33 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CLAY CRAWFORD		PHONE NUMBER: 816-460-2831	
REPRESENTING: MODL, MIC, SHELTER INSURANCE		TITLE: ATTORNEY	
ADDRESS: 107 WOLEY BRIDGE			
CITY: BELTON		STATE: MO	ZIP: 64012
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 417-793-0673	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 W. HIGH STREET, SUITE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 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: 2/11/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATTHEW SMITH		PHONE NUMBER: 417-988-2287	
REPRESENTING: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: LOBBYIST	
ADDRESS: 3234 WEST TRUMAN BOULEVARD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICH AUBUCHON		PHONE NUMBER: 573-616-1845	
REPRESENTING: AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION		TITLE: LOBBYIST	
ADDRESS: 112 EAST HIGH ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 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: 2/11/2025 11:55 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BAILEY GELLER		PHONE NUMBER: 219-208-1147	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF TRIAL ATTORNEYS		TITLE:	
ADDRESS: P O BOX 1792			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM	
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