



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 572		DATE: 2/13/2025	
COMMITTEE: Corrections and Public Institutions			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
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 11:54 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: GARY JUNGERMANN		PHONE NUMBER: 573-642-0737	
BUSINESS/ORGANIZATION NAME: CALLAWAY COUNTY COMMISSION		TITLE: PRESIDING COMMISSIONER	
ADDRESS: 10 EAST 5TH STREET RM 301			
CITY: FULTON		STATE: MO	ZIP: 65251
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JEFF GLENN		PHONE NUMBER: 573-270-4053	
REPRESENTING: MISSOURIANS FOR TRANSPORTATION INVESTMENT		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: P.O. BOX 772			
CITY: CAPE GIRARDEAU		STATE: MO	ZIP: 63702
EMAIL: info@mfti.org	ATTENDANCE: Written	SUBMIT DATE: 2/10/2025 4:57 PM	

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Missourians for Transportation Investment opposes any legislation that includes language that could result in a reduction to the state motor fuel tax rate.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LUKE REED		PHONE NUMBER: 573-635-3511	
BUSINESS/ORGANIZATION NAME: MO CHAMBER OF COMMERCE & 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			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RICHARD SHEETS		PHONE NUMBER: 573-635-9134	
BUSINESS/ORGANIZATION NAME: MISSOURI MUNICIPAL LEAGUE		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1727 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: ERIC SCHROETER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MODOT		TITLE: DEPUTY DIRECTOR
ADDRESS: 105 W CAPITOL		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM
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