



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                 |   |
|--|---------------------------------|---|
| BILL NUMBER:<br><b>HB 643</b>  |                                 | DATE:<br><b>2/10/2025</b>                 |
| COMMITTEE:<br><b>Special Committee on Intergovernmental Affairs</b>  |                                 |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                 |   |
| <b>WITNESS NAME</b>  |                                 |   |
| <b>INDIVIDUAL:</b>   |                                 |   |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                                 | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                                 | TITLE:                                    |
| ADDRESS:   |                                 |   |
| CITY:  |                                 | STATE:      ZIP:                          |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>In-Person</b> | SUBMIT DATE:<br><b>2/10/2025 11:55 PM</b> |

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

**I am in Support of this Bill on its face. The Bill always the movement of alcohol beveages from building to building within the established District.**



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| <b>WITNESS NAME</b>  |             |                           |   |
| <b>INDIVIDUAL:</b>   |             |                           |   |
| WITNESS NAME:<br><b>CHRISTOPHER FOSTER</b>   |             | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                    |   |
| ADDRESS:   |             |                           |   |
| CITY:  |             | STATE:                    | ZIP:                                      |
| EMAIL:   | ATTENDANCE: |                           | SUBMIT DATE:<br><b>2/10/2025 12:00 AM</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>IKE SKELTON</b>  |             | PHONE NUMBER:<br><b>573-346-4440</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>CAMDEN COUNTY</b>  |             | TITLE:<br><b>PRESIDING COMMISSIONER</b>   |                      |
| ADDRESS:<br><b>1 COURT CENTER NW</b>   |             |   |                      |
| CITY:<br><b>CAMDENTON</b>  |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65020</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>JEFF ABOUSSIE</b>  |             | PHONE NUMBER:<br><b>314-566-9933</b>      |                      |
| REPRESENTING:<br><b>REGIONAL STRATEGIES/LAKEPORT DEVELOPMENT-OSAGE BEACH. MO</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>330 SHETLAND VALLEY COURT</b>   |             |   |                      |
| CITY:<br><b>CHESTERFIELD</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>63005</b> |
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| <b>WITNESS NAME</b>  |             |   |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |
| WITNESS NAME:<br><b>JUSTIN HOFFMAN</b>   |             | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:<br><b>CITY COUNCIL OSAGE BEACH</b>   |             | TITLE:<br><b>ALDERMAN W2</b>              |
| ADDRESS:<br><b>1000 OSAGE BEACH PARKWAY</b>  |             |   |
| CITY:<br><b>OSAGE BEACH</b>  |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>65065</b>                      |
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| <b>REGISTERED LOBBYIST:</b>  |             |   |
| WITNESS NAME:<br><b>ROCKNE MILLER</b>  |             | PHONE NUMBER:<br><b>573-216-6506</b>      |
| REPRESENTING:<br><b>TRAIL CONSULTING - LEAD</b>  |             | TITLE:                                    |
| ADDRESS:<br><b>714 HWY D</b>   |             |   |
| CITY:<br><b>OSAGE BEACH</b>  |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>65065</b>                      |
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