



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 665		DATE: 2/25/2025	
COMMITTEE: Transportation			
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. AC "HONEST ABE" DIENOFF STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID J. KLARICH		PHONE NUMBER: 314-560-1616
REPRESENTING: METRO WEST FIRE PROTECTION DISTRICT		TITLE: ATTORNEY
ADDRESS: 438 GATEFORD DRIVE		
CITY: BALLWIN		STATE: MO
		ZIP: 63021
EMAIL: dklarich@sbcglobal.net	ATTENDANCE: In-Person	SUBMIT DATE: 2/22/2025 12:06 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: GARY WIEGERT		PHONE NUMBER: 314-562-6494	
BUSINESS/ORGANIZATION NAME: CHESTERFIELD TOWNSHIP		TITLE: COMMITTEEMAN	
ADDRESS: 1324 BEBLER PARK DRIVE			
CITY: WILDWOOD		STATE: MO	ZIP: 63036
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2025 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JANE SILVERMAN		PHONE NUMBER: 314-767-1135
REPRESENTING: CITY OF WILDWOOD		TITLE:
ADDRESS: 517 GOLDEN LEAF CT.		
CITY: LAKE SAINT LOUIS		STATE: MO
		ZIP: 63367
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JOSHUA KLARICH		PHONE NUMBER: 314-478-9298	
REPRESENTING: METRO WEST FIRE PROTECTION DISTRICT		TITLE:	
ADDRESS: 7078 BANCROFT AVENUE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63139
EMAIL: joshuaklarich@live.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/25/2025 8:40 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHELLE OHLEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/25/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ED HASSINGER		PHONE NUMBER: 573-751-5128	
BUSINESS/ORGANIZATION NAME: MODOT		TITLE: DIRECTOR	
ADDRESS: 105 CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2025 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: 2/25/2025 12:00 AM	
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