



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|---------------------------------|---------------------------|---|
| BILL NUMBER: HJR 3 | | DATE: 1/28/2025 | |
| COMMITTEE: Elections | | | |
| 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: 1/28/2025 11:50 PM |

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

I am in Support of this State Constitutional Amendment. Please Amend the Bill to include that the Assessor in the City/County of Saint Louis also be Elected.



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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ASHLEY AL-SHAWISH | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: ashley.alshawish@gmail.com | ATTENDANCE: Written | | SUBMIT DATE: 1/27/2025 11:33 PM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |

I am a legislative aide at Jackson County. Taxpayers who are being taxed out of their homes deserve real representation during tumultuous and erroneous assessments. An appointed position answers to a select few within a corrupt administration. The taxpayers deserve an Assessor who will answer to them as constituents, and who will run a department with reasonable independence and autonomy, such as the Prosecutor's office.



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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: CHRIS ROEPE | | PHONE NUMBER: 816-294-0497 | |
| REPRESENTING: CITY OF INDEPENDENCE | | TITLE: | |
| ADDRESS: 205 E CAPITOL AVE, SUITE 100 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: roepe@bardgett.net | ATTENDANCE: Written | | SUBMIT DATE: 1/28/2025 8:35 AM |
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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ROBERT D. MURPHY | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: | ATTENDANCE: | | SUBMIT DATE: 1/28/2025 12:00 AM |
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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: SEAN E. SMITH | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: | ATTENDANCE: | | SUBMIT DATE: 1/28/2025 12:00 AM |
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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: WILLIAM J HADLEY | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: bmcookhill@gmail.com | ATTENDANCE: Written | | SUBMIT DATE: 1/26/2025 10:41 AM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |