



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 2		DATE: 3/31/2025	
COMMITTEE: Special Committee on Intergovernmental Affairs			
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: Written	SUBMIT DATE: 3/31/2025 11:59 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of most of this Bill.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER:	
REPRESENTING: MISSOURI ASSOCIATION OF COUNTY CLERKS & ELECTION AUTHORITIES		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DOUG CREWS		PHONE NUMBER: 573-881-5272	
REPRESENTING: MISSOURI PRESS ASSOCIATION		TITLE:	
ADDRESS: 802 LOCUST ST.			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JIMMY LAUGHLIN		PHONE NUMBER: 573-317-3868	
BUSINESS/ORGANIZATION NAME: MACA-MISSOURI ASSOCIATION OF COUNTY AUDITORS		TITLE: COUNTY AUDITOR-CAMDEN & MACA LEGISLATIVE CHAIR	
ADDRESS: 1 COURT CIRCLE NW STE 7			
CITY: CAMDENTON		STATE: MO	ZIP: 65020
EMAIL: jimmy_laughlin@camdencountymo.gov	ATTENDANCE: Written	SUBMIT DATE: 3/31/2025 2:20 PM	

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MACA -Missouri Association of County AuditorsAre in support of this bill. This will provide better and more accurate Financial Statements for County Government allowing time for Accrual and Cash basis Counties to file with the June 30 new date.



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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: 3/31/2025 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANON HAWK		PHONE NUMBER: 573-659-6704
REPRESENTING: MISSOURI ASSOCIATION COUNTY AUDITORS		TITLE:
ADDRESS: 101 E. HIGH STREET, FIRST FLOOR		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM
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