



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1948		DATE: 1/10/2024	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ALEX ERBS		PHONE NUMBER: 314-223-4453	
BUSINESS/ORGANIZATION NAME: MISSOURI SELF STORAGE OWNERS ASSOCIATION		TITLE: VICE PRESIDENT	
ADDRESS: 5585 CONNECTICUT ST.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63139
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/10/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: GARRETT HARRINGTON		PHONE NUMBER: 573-449-0091	
BUSINESS/ORGANIZATION NAME: STORAGEMART		TITLE: SVP SALES	
ADDRESS: 215 N. STADIUM BLVD.			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/10/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: MichaelWesten.3up@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 1/10/2024 2:59 PM
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I support HB 1948.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SHELLY HARRIS		PHONE NUMBER: 573-480-0454	
BUSINESS/ORGANIZATION NAME: MO SELF STORAGE OWNERS ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: PO BOX 105920			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/10/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DENNIS WARDEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/10/2024 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MARK MAASSEN		PHONE NUMBER: 573-449-4163	
BUSINESS/ORGANIZATION NAME: MISSOURI PRESS ASSOC.		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 802 LOCUST			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/10/2024 12:00 AM	
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