



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2531		DATE: 3/12/2024	
COMMITTEE: Local Government			
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: APRIL LEHENBAUER		PHONE NUMBER: 407-694-4129	
BUSINESS/ORGANIZATION NAME: ST. LOUIS APARTMENT ASSOCIATION		TITLE: AREA PROPERTY MANAGER	
ADDRESS: 11836 SMOKE VALLEY CT			
CITY: MARYLAND HEIGHTS		STATE: MO	ZIP: 63043
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/12/2024 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUE GARGIULA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: suegargiula@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/8/2024 2:31 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TYLER KAUFMAN		PHONE NUMBER: 314-750-8366	
BUSINESS/ORGANIZATION NAME: ST. LOUIS APARTMENT ASSOCIATION		TITLE: PROPERTY MANAGER	
ADDRESS: 5510 PERSHING AVENUE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63112
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2024 12:00 AM	
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