



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1133		DATE: 2/17/2025
COMMITTEE: Ways and Means		
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: 2/17/2025 11:58 PM

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

This is yet another Tax and Fee, but this is a fund to leverage Federal Funding to Ambulance Services and Ambulance Districts from the Federal Government.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER:
REPRESENTING: MISSOURI AMBULANCE ASSOCIATION		TITLE:
ADDRESS: PO BOX 156		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/17/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHARLES DOSS		PHONE NUMBER: 573-882-3955	
BUSINESS/ORGANIZATION NAME: MISSOURI HEALTH CARE		TITLE: MANAGER	
ADDRESS: ONE HOSPITAL DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/17/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JASON WHITE		PHONE NUMBER: 816-215-8524	
BUSINESS/ORGANIZATION NAME: MISSOURI EMS AGENT CORP.		TITLE: CHAIRMAN	
ADDRESS: C/O 1024 SOUTH FOREST			
CITY: INDEPENDENCE		STATE: MO	ZIP: 64050
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/17/2025 12:00 AM	
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