



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1133</b>		DATE: <b>2/17/2025</b>	
COMMITTEE: <b>Ways and Means</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>2/17/2025 11:58 PM</b>

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