



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1145</b>		DATE: <b>3/5/2025</b>	
COMMITTEE: <b>Judiciary</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>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TODD SCOTT</b>		PHONE NUMBER: <b>573-751-8366</b>	
BUSINESS/ORGANIZATION NAME: <b>OFFICE OF THE ATTORNEY GENERAL</b>		TITLE: <b>SENIOR COUNSEL</b>	
ADDRESS: <b>207 W. HIGH ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ANDY HIRTH</b>		PHONE NUMBER: <b>312-608-9709</b>	
BUSINESS/ORGANIZATION NAME: <b>MATA</b>		TITLE:	
ADDRESS: <b>28 N 8TH ST, SUITE 317</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65201</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. AC "HONEST-ABE" DIENOFF STATE PUBLIC ADVO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/5/2025 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ASHLEY COSSINS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>ashleymcossins@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 2:47 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BLAKE MARKUS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/5/2025 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ERIC PLAYTER</b>		PHONE NUMBER: <b>816-739-0860</b>	
BUSINESS/ORGANIZATION NAME: <b>PLAYTER &amp; PLAYTER, LLC</b>		TITLE:	
ADDRESS: <b>7608 RAYTOWN ROAD</b>			
CITY: <b>RAYTOWN</b>		STATE: <b>MO</b>	ZIP: <b>64138</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
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