



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1208		DATE: 4/30/2025	
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			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/30/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KORTNIE HUDDLESTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kortniehuddleston@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/30/2025 9:43 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MAXINE GILL		PHONE NUMBER: 314-727-0600	
BUSINESS/ORGANIZATION NAME: MISSOURI COALITION FOR THE ENVIRONMENT		TITLE:	
ADDRESS: 725 KINGSLAND AVE, SUITE 100			
CITY: ST. LOUIS		STATE: MO	ZIP: 63130
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/30/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL DREYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mdreyer93@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/30/2025 9:43 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALICIA WILLIAMS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: aliallday1123@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/30/2025 11:49 AM
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