



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1254</b>		DATE: <b>2/24/2025</b>	
COMMITTEE: <b>Emerging Issues</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>2/24/2025 11:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am in Support of this Bill that no City, Village, Township or County shall pass and enact any Ordinances prohibiting the Sale, Rent, Lease, Transfer of any School Property in the best-interests of the Public and Political Subdivisions. I however, believe very strong in Solid Public School Education and related Services.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID JACKSON</b>		PHONE NUMBER: <b>314-406-2933</b>	
REPRESENTING: <b>CONFLUENCE CHARTER SCHOOL</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2025 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>RACHEL POWERS</b>		PHONE NUMBER: <b>314-574-9642</b>	
BUSINESS/ORGANIZATION NAME: <b>THE OPPORTUNITY TRUST</b>		TITLE: <b>PARTNER COMMUNITY COALITION</b>	
ADDRESS: <b>5501 DELMAR BLVD A300</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63112</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TRICIA WORKMAN</b>		PHONE NUMBER: <b>314-402-2538</b>	
REPRESENTING: <b>MO CHARTER PUBLIC SCHOOL ASSOC.</b>		TITLE:	
ADDRESS: <b>115 E HIGH ST</b>			
CITY: <b>JC</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EMILY HORNSTRA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>emlife@att.net</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/24/2025 12:51 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			