

BILL NUMBER: HB 1363				DATE: 2/24/2025	
COMMITTEE: Emerging Issues					
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSE	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	E PUBLIC ADVOCATE	PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yaho	oo.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/24/2025 11:37 PM	
THE INFORMATION ON THIS FORM IS DIRE IC DECORD LINDER CHARTER 610, DSM					

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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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: DAVID JACKSON			PHONE NUMBE 314-406-29	
REPRESENTING: CONFLUENCE CH	ARTER SCHOOLS		TITLE:	
ADDRESS: PO BOX 1865				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT DA 2/24/202	ATE: 25 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: RACHEL POWERS	3		PHONE NUME 314-574-9	
BUSINESS/ORGANIZATIO THE OPPORTUNIT			PARTNER COALITIO	COMMUNITY ON
ADDRESS: 5501 DELMAR BLV	/D A300			
CITY: ST. LOUIS			STATE: MO	ZIP: 63112
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM	
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: TRICIA WORKMAN	l		PHONE NUMBE 314-402-25	
REPRESENTING: MO CHARTER PUBLIC SCHOOL ASSOC. TITLE:				
ADDRESS: 115 E HIGH ST				
CITY: JC			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DA 2/24/202	ATE: 25 12:00 AM
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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: EMILY HORNSTRA	A		PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: emlife@att.net		ATTENDANCE: Written	SUBMIT 2/24/2	DATE: 025 12:51 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				