



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 145		DATE: 1/30/2025
COMMITTEE: Legislative Review		
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. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/30/2025 11:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and its intent to keep Closed Records of City, Village, County or Park District Parks and Recreation Camp Applications, Camp Employment and Child related Programs with children 17 years of age and younger Closed under the State Sunshine Law-Chapter 610.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DOUG CREWS		PHONE NUMBER: 573-881-5272	
REPRESENTING: MO PRESS ASSOCIATION		TITLE:	
ADDRESS: 802 LOCUST ST.			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2025 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185
REPRESENTING: MO PARKS & RECREATION ASSOCIATION		TITLE:
ADDRESS: PO BOX 1483		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: PAT KELLY		PHONE NUMBER: 314-252-1800	
REPRESENTING: MUNICIPAL LEAGUE METRO ST. LOUIS		TITLE:	
ADDRESS: 11911 DORSETT RD.			
CITY: MARYLAND HEIGHTS		STATE: MO	ZIP: 63043
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICHARD SHEETS		PHONE NUMBER: 573-635-9134	
REPRESENTING: MISSOURI MUNICIPAL LEAGUE		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1727 SOUTHRIDGE DR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2025 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 1/26/2025 12:52 PM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: LISA PANNETT		PHONE NUMBER:
REPRESENTING: AMORVINE		TITLE:
ADDRESS:		
CITY:	STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2025 12:00 AM
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