

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 183			DATE: 2/20/2025	
COMMITTEE: Higher Education and Workforce Development				
TESTIFYING : ✓IN SUPPORT O	F IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-S	TATE PUBLIC ADVOCATE	PHONE NUMI	BER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT I 2/20/20	DATE: 125 11:46 PM	
THE INFORMATION ON THIS FORM IS BURL IN DECORD LINDER OLIABTED AND DOME				

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill only if the Course Work is equivalent to a four (4) traditional College or University for appropriate transfer on a even playing field. The appropriate Curriculum and skills taught needs to be on the same page between the four (4) College or University and the Community College to allow for student success and educational understanding. If the courses taught at the Community College Level are below par, the student will suffer, have lower grades and feel disappointment.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: BRIAN MILLNER			PHONE NUME 573-634-8	
REPRESENTING: MISSOURI COMMU	JNITY COLLEGE ASSO	CIATION	TITLE:	
ADDRESS: 2420 HYDE PARK	ROAD			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT 0 2/20/20	DATE: 125 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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TESTIFYING: ✓IN SUP	PPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CAROLYN IVEY			PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:			TITLE:	
ADDRESS:			•	
CITY:			STATE:	ZIP:
EMAIL: cmpeters08@gmail.com		ATTENDANCE: Written	SUBMIT D 2/19/20	OATE: 25 5:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				

I support this bill as it will make it easier for community college students to transfer to a four year university.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: EMMY HARMON			PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: eharmon646@lsr7	'.net	ATTENDANCE: Written	SUBMIT 2/17/2	DATE: 025 7:53 PM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MOLLY PRICHARI)		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 2/20/20	OATE: 25 12:00 AM
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TESTIFYING: ☑IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORMATION	ONAL PURPOSES		
	WITNESS NAME				
REGISTERED LOBBYIST:					
WITNESS NAME: NANCY GIDDENS		PHONE NUMBER: 573-230-6203			
REPRESENTING: TITLE: METROPOLITAN COMMUNITY COLLEGE					
ADDRESS: 208 MADISON STREET					
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101		
EMAIL: nancy@thegiddensgroup.com	ATTENDANCE: In-Person	SUBMIT DATE 2/20/2025			
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Support the bill.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: RYAN MCKENNA			PHONE NUMI 314-799-2	
REPRESENTING: ST. LOUIS COMMU	UNITY COLLEGE			MENT AND ITY LIAISON
ADDRESS: 267 OAK PATH DR	₹.			
CITY: BALLWIN			STATE: MO	ZIP: 63011
EMAIL: ryanmckenna@stl	cc.edu	ATTENDANCE: Written	SUBMIT I 2/20/20	DATE: 125 8:00 AM
THE INCORMA	THE INFORMATION ON THIS FORM IS BURLLO DECORD LINDER CHARTER 640, DSMo			

This legislation is crucial for students to transfer credit hours to 2 and 4 year public colleges and universities.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JIM SPAIN			PHONE NUME 573-882-5 9	
REPRESENTING: UNIVERSITY OF M	IISSOURI		TITLE:	
ADDRESS: 128 JESSE HALL				
CITY: COLUMBIA			STATE: MO	ZIP: 65211
EMAIL:		ATTENDANCE:	SUBMIT 0 2/20/20	DATE: 125 12:00 AM
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: PAUL WAGNER			PHONE NUME 529-7195	BER:
REPRESENTING: COUNCIL ON PUBLIC HIGHER EDUCATION TITLE:				
ADDRESS: 717 WESTPORT DRIVE				
CITY: COLUMBIA			STATE: MO	ZIP: 65203
EMAIL:		ATTENDANCE:	SUBMIT 0 2/20/20	DATE: 125 12:00 AM
THE INFORMA	THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.			