



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 622</b>		DATE: <b>2/26/2025</b>	
COMMITTEE: <b>Local Government</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. AC "HONEST ABE" DIENOFF-STATE PUBLIC ADVO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/26/2025 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRENT HEMPHILL</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI AMBULANCE ASSOCIATION</b>		TITLE:	
ADDRESS: <b>PO BOX 156</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/26/2025 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TRENT FORD</b>		PHONE NUMBER: <b>314-409-6812</b>	
REPRESENTING: <b>AMBULANCE DISTRICT ASSOCIATION OF MISSOURI</b>		TITLE:	
ADDRESS: <b>PO BOX 384</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/26/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/26/2025 12:00 AM</b>	
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