



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 895		DATE: 4/2/2025	
COMMITTEE: Local Government			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER:	
REPRESENTING: MISSOURI AMBULANCE DISTRICTS		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: J TRENT FORD		PHONE NUMBER: 314-409-6812	
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MO		TITLE: PRINCIPAL	
ADDRESS: POBOX 384			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL: jtrent4d@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/1/2025 7:21 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TOM DEMPSEY		PHONE NUMBER: 636-288-7461	
REPRESENTING: MISSOURI ASSOCIATION OF CAREER FIRE PROTECTION DISTRICTS		TITLE:	
ADDRESS: 3103 BUCKSKIN PATH			
CITY: ST. CHARLES		STATE: MO	ZIP: 63301
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST ABE" DIENOFF-STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/2/2025 12:00 AM
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