



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HCR 9		DATE: 3/31/2025	
COMMITTEE: Special Committee on Intergovernmental Affairs			
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: In-Person		SUBMIT DATE: 3/31/2025 11:59 PM

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

I am in Support of this Bill. The Consumer must be Protected!



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BYRON KEELIN		PHONE NUMBER: 314-402-0655	
BUSINESS/ORGANIZATION NAME: FREEDOM PRINCIPLE MO		TITLE: PRESIDENT	
ADDRESS: PO BOX 2			
CITY: BALLWIN		STATE: MO	ZIP: 63022
EMAIL: freedomprinciplemo@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/31/2025 8:19 AM

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We support HCR 9 calling on Congress to reintroduce the Country of Origin Labels (COOL) on meat products. We need to bring transparency to the beef industry. As part of the Make America Health Again (MAHA) movement, consumers are demanding transparency and want to know the source of the meat they purchase.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CYNTHIA L. JONES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: singingblonde@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/30/2025 5:42 PM

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I support Country of Original Labeling as it helps Missourians make wise food choices for their health and the health of their families.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DONALD YOUNG JR.		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/31/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAMIE P. BLAIR		PHONE NUMBER: 573-449-1336	
BUSINESS/ORGANIZATION NAME: MISSOURI RURAL CRISIS CENTER		TITLE: RURAL ORGANIZERS	
ADDRESS: 1906 MONROE ST.			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LARRY URTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/31/2025 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: libertytree.cottage976@passinbox.com		ATTENDANCE: Written	SUBMIT DATE: 3/31/2025 2:25 PM
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I SUPPORT HCR 9. I SUPPORT country of origin labeling.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER: 573-418-7616	
REPRESENTING: MISSOURI PORK ASSOCIATION		TITLE:	
ADDRESS:			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: MeaganHowerton6@gmail.com	ATTENDANCE: In-Person		SUBMIT DATE: 3/31/2025 8:06 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JARED HANKINSON		PHONE NUMBER:	
REPRESENTING: MISSOURI CHAMBER OF COMMERCE & INDUSTRY		TITLE:	
ADDRESS: 428 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEFF REED		PHONE NUMBER: 573-998-2430	
BUSINESS/ORGANIZATION NAME: ROLLING SHOALS FARM		TITLE: PRESIDENT	
ADDRESS: 32552 STATE HWY 79			
CITY: WILLIAMSVILLE		STATE: MO	ZIP: 63967
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARK FIEGENBAUM		PHONE NUMBER: 573-690-8580	
REPRESENTING: MISSOURI FARM BUREAU		TITLE:	
ADDRESS: 701 SOUTH COUNTRY DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/31/2025 12:00 AM	

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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MIKE DEARING		PHONE NUMBER: 573-499-9162	
BUSINESS/ORGANIZATION NAME: MISSOURI CATTLEMEN's ASSOCIATION		TITLE: CEO	
ADDRESS: 2306 BLUFF CREEK DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEVEN CARROLL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/31/2025 12:00 AM
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