



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 4		DATE: 6/10/2025	
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. AC "HONEST-ABE" DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 6/10/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CARA SPENCER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: CITY OF ST. LOUIS		TITLE: MAYOR	
ADDRESS: 1200 MARKET ST.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63118
EMAIL:	ATTENDANCE:		SUBMIT DATE: 6/10/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CASEY MILLBURG		PHONE NUMBER: 573-634-8760	
BUSINESS/ORGANIZATION NAME: CITY OF ST. LOUIS MAYOR's OFFICE		TITLE: POLICY DIRECTOR	
ADDRESS: 1200 MARKET ST.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/10/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KIP STETZLER		PHONE NUMBER: 816-759-6600	
BUSINESS/ORGANIZATION NAME: MISSOURI HOUSING DEVELOPMENT COMMISSION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1201 WALNUT STREET, SUITE 1800			
CITY: KANSAS CITY		STATE: MO	ZIP: 64106
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/10/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TIM BRINKER		PHONE NUMBER: 636-667-7113	
REPRESENTING: GREATER STL, INC.		TITLE:	
ADDRESS: 1 METROPOLITAN SQUARE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/10/2025 12:00 AM	

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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LISA PANNETT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: ARMORVINE		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/10/2025 12:00 AM	
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