



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2395</b>		DATE: <b>1/21/2026</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>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>CURTIS CLUCKY</b>		PHONE NUMBER: <b>816-769-0087</b>
BUSINESS/ORGANIZATION NAME: <b>INFILTRATION WATER</b>		TITLE: <b>AREA REPRESENTATIVE</b>
ADDRESS: <b>206 PAINTER COURT</b>		
CITY: <b>LIBERTY</b>		STATE: <b>MO</b>
		ZIP: <b>64068</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 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>KATIE GAMBLE</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>NICHOLAS DYKES</b>		PHONE NUMBER: <b>816-213-8757</b>
BUSINESS/ORGANIZATION NAME: <b>MISSOURI SMALLFLOWS ORGANIZATIONS</b>		TITLE:
ADDRESS: <b>7777 SE US 69 HWY</b>		
CITY: <b>LAWSON</b>		STATE: <b>MO</b>
		ZIP: <b>64062</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. AC DIENOFF</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>1/21/2026 12:00 AM</b>
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