



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HJR 119		DATE: 2/16/2022	
COMMITTEE: Special Committee on Public Policy			
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: ANGELA CONSTANT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: constantluck13@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 8:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANGELA KAY BRANUM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: akbranum@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 8:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRIAN JAMES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bdjames1998@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 8:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRITTNEY HOSKINS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: brittneyhoskins7@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/14/2022 9:16 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CATHY HENKE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cathy.henke@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 9:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHERYL WESTMORLAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cherylakasend3@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/14/2022 11:16 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: CHRISTI MOORE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: christipickens8@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/12/2022 1:12 PM

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

Annistyn Rackley Property Tax for veterans



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANA COFFER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sdcoffer@clgw.net	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 7:56 AM
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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: DUSTIN JOHN YOUNG		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dus10young23@icloud.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 2:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: EMILY STOWE-DAVIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: estowe1@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 8:42 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HANNAH BABB		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hannahc1209@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 9:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I support this bill.			



MISSOURI HOUSE OF REPRESENTATIVES
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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: JEFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lil_man25@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 7:32 AM

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

No veteran with an honorable discharge should pay property taxes. They have paid enough even if they deployed or not.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KAROL WILCOX		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cvhumsoc@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/12/2022 8:36 AM

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

My husband is a vet. He has heart condition. I have cancer and am in fixed income. Please vote yes for this



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KEIRSTIN CARR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: keirstin.martin@icloud.com		ATTENDANCE: Written	SUBMIT DATE: 2/13/2022 9:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KELLY CREED		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ndcreed@sbcglobal.net	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 9:39 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I support no tax for veterans over 70			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KRISTY HILL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kristy.j.hill31@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 12:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LESLIE BROOKS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lerickson84@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 8:35 AM

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In support of naming a highway after a young tornado victim.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MAGEN HAMES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: powellmagen@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/12/2022 7:15 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MANDI JOHNSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mandit3@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 7:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
Veterans deserve the world.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MELANIE SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: smiths_bma@att.net	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 8:15 AM
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I support this bill.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MISTY JARBOE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: msjarboe@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 11:30 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAMELA MCDANIEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: pamemcdaniel@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/12/2022 8:47 AM

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I support Rep mcdaniel



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAMELA PEELER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: peelerpd@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 5:03 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RACQUEL BROWN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gary.b669@sbcglobal.net	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 3:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RAEGAN MITCHELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: raeganbarnard27@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 8:21 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RICKY ALLEN BRANDON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rickbrandon174@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 1:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I agree with and fully support HJR 119			



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ROGER LACEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sglacey@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/13/2022 2:14 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am a 70 years old veteran and on a fixed income. It would be a great relief not to have to pay property taxes on a home that I have paid off during my young years of working. It seems that the young adults get all the free services. They get a refund on their rent up to \$750. Never understood this. The elderly is always passed up. We are the ones that have help make this country what it is today



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RONDA GILMORE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rondagilmore@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 7:05 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHEILA BROWN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sabhlb@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 10:23 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN J. BRANDON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: susanbrandon63@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 1:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
Fully in support of HJR-119			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TAMMY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tneel35@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/13/2022 10:51 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TAMMY SULLIVAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tammyjsullivan@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 8:02 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am in support of this issue with McDaniel-Property Tax			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TERRY DIANE LEWIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ladydilewis1957@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 4:01 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TODD NETTLETON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: toddnettleton@sbcglobal.net	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 11:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HJR 119		DATE: 2/16/2022	
COMMITTEE: Special Committee on Public Policy			
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: TOM TIDWELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tidwelltom55@outlook.com		ATTENDANCE: Written	SUBMIT DATE: 2/12/2022 5:37 PM

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We need to get in step with other states who do this!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HJR 119		DATE: 2/16/2022	
COMMITTEE: Special Committee on Public Policy			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/16/2022 11:54 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HJR 119		DATE: 2/16/2022	
COMMITTEE: Special Committee on Public Policy			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIMBERLY NICHOLE MIDDLETON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: middlekimberly529@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/12/2022 11:27 AM
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