

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 157				DATE 2/3/2	:: 2021		
COMMITTEE: Judiciary				·			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATION	NAL PURPOSES		
WITNESS NAME							
INDIVIDUAL:							
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NU	PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:			
ADDRESS:							
CITY:			STATE:		ZIP:		
EMAIL: ArnieDienoff@Yahoo.Com		ATTENDANCE: Written	SUBMI 2/3/2	T DATE: 021 12:0	00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							



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WITNESS NAME							
INDIVIDUAL:							
WITNESS NAME: JON BEETEM			PHONE NUMB	PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:			
ADDRESS:			·				
CITY:			STATE:	ZIP:			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM				
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WITNESS NAME								
BUSINESS/ORGANIZATION:								
WITNESS NAME: ELYSE MAX		PHONE NUMB 816-582-45						
BUSINESS/ORGANIZATION NAME: MISSOURIANS FOR ALTERNATIVES TO THE DEATH PENALTY			TITLE: DIRECTOR					
ADDRESS: 6320 BROOKSIDE BOULEVARD								
CITY: KANSAS CITY		STATE: MO	ZIP: 64118					
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM						
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