

## MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 259				DATE: <b>2/10/2021</b>			
COMMITTEE: <b>Judiciary</b>							
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	FOR INFORMATIONAL PURPOSES			
		WITNESS NAME					
INDIVIDUAL:							
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE				PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:			
ADDRESS:			<u> </u>				
CITY:			STATE:	ZIP:			
EMAIL: ArnieDienoff@Yah	noo.Com	ATTENDANCE: Written	SUBMIT DATE: 2/10/2021 3:10 PM				
THE INFORMATION ON THIS FORM IS DURI IC DECORD LINDER CHARTER 610, DSMo							

I am in Full Support of this Bill.Every Child needs to be Protected when Adults cross the line and proof of allegations of Sexual Touch and Sexual Misconduct shall be Charged.



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COMMITTEE: Judiciary							
TESTIFYING: ✓IN SI	JPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES			
		WITNESS NAME					
BUSINESS/ORGANIZATION:							
WITNESS NAME: MATTHEW BECKER				PHONE NUMBER: <b>636-583-6370</b>			
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEY'S			TITLE: PROSECU	TITLE: PROSECUTING ATTORNEY			
ADDRESS: 211 SOUTH CHURCH STREET, ROOM 211							
CITY: UNION			STATE: MO	ZIP: <b>63084</b>			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/10/2021 12:00 AM				
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							