



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 863</b>		DATE: <b>4/13/2021</b>
COMMITTEE: <b>Public Safety</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>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>4/8/2021 12:51 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in Support of this Bill on its face.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>4/13/2021 11:45 PM</b>	
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I am in Spport of this Bill o9n its face if the Disability can be proved from responding to emergency calls for service.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DONNA CHENEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/13/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JEFF STRAWN</b>		PHONE NUMBER: <b>573-999-6000</b>	
BUSINESS/ORGANIZATION NAME: <b>FIREFIGHTER CANCER SUPPORT NETWORK</b>		TITLE: <b>STATE DIRECTOR</b>	
ADDRESS: <b>16497 KIMBER RIDGE</b>			
CITY: <b>BOONVILLE</b>		STATE: <b>MO</b>	ZIP: <b>65233</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/13/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RANDY ALBERHASKY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>4/13/2021 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>SHERWOOD SMITH</b>		PHONE NUMBER: <b>816-536-2662</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI STATE COUNCIL OF FIREFIGHTERS</b>		TITLE: <b>PRESIDENT EMERITUS</b>	
ADDRESS: <b>6320 MANCHESTER, SUITE 42</b>			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64133</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/13/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>MARK BRUNS</b>		PHONE NUMBER: <b>573-690-0342</b>
REPRESENTING: <b>CITY OF ST. PETERS</b>		TITLE:
ADDRESS: <b>924 RUSTIC CREEK TRL.</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL: <b>mark@brunslobby.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>4/12/2021 9:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		
<b>The City of St. Peters opposes HB863.</b>		