



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 45</b>		DATE: <b>5/3/2021</b>	
COMMITTEE: <b>Emerging Issues</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 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>5/3/2021 2:22 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am in Support of this Bill. This Bill and Legislation makes sense in Protecting Fire-Fighters and allowing a Joint-Intergovernmental Cooperative Agreements in wisely and fiscally using Tax-Payers Money Wisely to Support Or Fire-Fighters across our Great State of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 45</b>		DATE: <b>5/3/2021</b>	
COMMITTEE: <b>Emerging Issues</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>CORY HOGAN</b>		PHONE NUMBER: <b>636-368-1704</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI STATE COUNCIL OF FIREFIGHTERS</b>		TITLE: <b>LEGISLATIVE ADVISOR</b>	
ADDRESS: <b>7 NORMANDY DRIVE</b>			
CITY: <b>LAKE ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63367</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>5/3/2021 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 45</b>		DATE: <b>5/3/2021</b>	
COMMITTEE: <b>Emerging Issues</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>GREG BROWN</b>		PHONE NUMBER: <b>636-262-2400</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI FIRE SERVICE ALLIANCE</b>		TITLE:	
ADDRESS: <b>220 HAAS ROAD</b>			
CITY: <b>EUREKA</b>		STATE: <b>MO</b>	ZIP: <b>63025</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>5/3/2021 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			