



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 343</b>		DATE: <b>2/21/2023</b>
COMMITTEE: <b>Health and Mental Health Policy</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>ERIK HOLLAND</b>		PHONE NUMBER: <b>816-858-2424</b>
BUSINESS/ORGANIZATION NAME: <b>PLATTE COUNTY SHERIFF's OFFICE</b>		TITLE: <b>UNDER SHERIFF</b>
ADDRESS: <b>415 3RD ST., STE. 10</b>		
CITY: <b>PLATTE CITY</b>		STATE: <b>MO</b>
		ZIP: <b>64071</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/21/2023 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MARK OWEN</b>		PHONE NUMBER: <b>816-858-2424</b>	
BUSINESS/ORGANIZATION NAME: <b>PLATTE CO. SHERIFFS DEPT.</b>		TITLE: <b>SHERIFF</b>	
ADDRESS: <b>415 3RD ST.</b>			
CITY: <b>PLATTE CITY</b>		STATE: <b>MO</b>	ZIP: <b>64079</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/21/2023 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. "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>In-Person</b>	SUBMIT DATE: <b>2/21/2023 11:47 PM</b>

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

**I am Opposed to this Bill. There shall be Medical Training Provided to Law Enforcement Officers.**