



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 677		DATE: 1/31/2023	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BECKY RUTH		PHONE NUMBER: 573-522-8686	
BUSINESS/ORGANIZATION NAME: OFFICE OF CHILD ADVOCATE		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: PO BOX 809			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/31/2023 11:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This is a wrong Bill and Violates the Trust of Missourians who are Anonymous Callers and do want to be Identified. Word will get out and Citizens will NOT make Hot-Line Calls to Protect the Children of Our State and Keep them Safe. Do NOT pass this Bill. The State Child Advocate can obtain a Court Order within an hour or two from the 19th Circuit Court of Cole County to assist in the Investigation. The tools are already written into State Law and can be used without recreating the wheel and changing Our State Law.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KORTNIE HUDDLESTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kortniehuddleston@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/29/2023 12:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Anonymity should be preserved when reports of child abuse or neglect are being made. This information should remain confidential to protect the identity of the reporting person from retaliation.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL DREYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mdreyer93@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 1/29/2023 12:24 PM
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