



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 119		DATE: 4/4/2023	
COMMITTEE: General Laws			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER:	
REPRESENTING: MO ABULANCE ASSN.		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: D. SCOTT PENMAN		PHONE NUMBER: 573-690-6772	
REPRESENTING: MISSOURI 911 DIRECTORS ASSOCIATION; MISSOURI CHAPTER OF THE NATIONAL EMERGENCY NUMBER ASSOCIATION; MISSOURI CHAPTER OF THE ASSOCIATION OF PUBLIC SAFETY COMMUNICATIONS OFFICIALS; MO 911 SERVICE BOARD		TITLE:	
ADDRESS: PO BOX 684			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: scott@penman.group	ATTENDANCE: Written	SUBMIT DATE: 4/4/2023 4:40 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: STEVE YOUNG		PHONE NUMBER: 816-719-8431	
REPRESENTING: KCPD BOARD OF POLICE COMM.		TITLE:	
ADDRESS: 1125 LOCUST STREET			
CITY: KANSAS CITY		STATE: MO	ZIP: 64106
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM	
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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: In-Person		SUBMIT DATE: 4/4/2023 11:57 PM

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I am Opposed to this Bill. View my Testimony on the committee Archived Video.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MIKE WINTER		PHONE NUMBER: 573-230-6644	
REPRESENTING: MO SELF INSURERS ASSOC		TITLE:	
ADDRESS: PO BOX 305			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PATRICK BONNOT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MIRMA		TITLE: LOSS CONTROL DIR.	
ADDRESS: 3002 FALLING LEAF CT.			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: STEVE HOBBS		PHONE NUMBER: 573-631-2120	
REPRESENTING: MO ASSN. OF COUNTIES		TITLE:	
ADDRESS: 1648 EAST ELM			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65265
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM	

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