



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                          |  |
|--|-------------------------------|--------------------------|--|
| BILL NUMBER:<br><b>SB 24</b>   |                               | DATE:<br><b>4/3/2023</b> |  |
| COMMITTEE:<br><b>Crime Prevention and 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:<br><b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>   |                               | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                   |  |
| ADDRESS:   |                               |                          |  |
| CITY:  |                               | STATE:                   | ZIP:                                     |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                          | SUBMIT DATE:<br><b>4/3/2023 11:53 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                          |  |
| <b>I am in Support of this Bill.</b>   |                               |                          |  |



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| <b>WITNESS NAME</b>  |                                 |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |                                 |   |                      |
| WITNESS NAME:<br><b>D. SCOTT PENMAN</b>  |                                 | PHONE NUMBER:<br><b>573-690-6772</b>    |                      |
| REPRESENTING:<br><b>MISSOURI 911 DIRECTORS ASSOCIATION; MISSOURI CHAPTER OF<br/>THE NATIONAL EMERGENCY NUMBER ASSOCIATION; MISSOURI<br/>CHAPTER OF THE ASSOCIATION OF PUBLIC SAFETY<br/>COMMUNICATIONS OFFICIALS</b> |                                 | TITLE:                                  |                      |
| ADDRESS:<br><b>PO BOX 684</b>  |                                 |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |                                 | STATE:<br><b>MO</b>                     | ZIP:<br><b>65101</b> |
| EMAIL:<br><b>scott@penman.group</b>  | ATTENDANCE:<br><b>In-Person</b> | SUBMIT DATE:<br><b>4/3/2023 7:33 PM</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:<br><b>GREGORY M. BROWN</b>   |             | PHONE NUMBER:<br><b>636-262-2400</b>     |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI FIRE SERVICE ALLIANCE</b>   |             | TITLE:<br><b>CHAIRMAN</b>                |                      |
| ADDRESS:<br><b>220 HAAS RD.</b>  |             |  |                      |
| CITY:<br><b>EUREKA</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>63025</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>4/3/2023 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>KATIE GAMBLE</b>   |             | PHONE NUMBER:<br><b>573-634-4876</b>     |                      |
| REPRESENTING:<br><b>MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>213 E. CAPITOL AVE.</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>4/3/2023 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>LIZ HENDERSON</b>  |             | PHONE NUMBER:                            |                      |
| REPRESENTING:<br><b>MISSOURI AMBULANCE ASSOCIATION</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>229 MADISON STREET</b>  |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65102</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>4/3/2023 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |                               |                          |   |
| <b>REGISTERED LOBBYIST:</b>  |                               |                          |   |
| WITNESS NAME:<br><b>MARK BRUNS</b>   |                               | PHONE NUMBER:            |   |
| REPRESENTING:<br><b>MISSOURI FRATERNAL ORDER OF POLICE</b>   |                               | TITLE:                   |   |
| ADDRESS:<br><b>715 JEFFERSON STREET</b>  |                               |                          |   |
| CITY:<br><b>JEFFERSON CITY</b>   |                               | STATE:<br><b>MO</b>      | ZIP:<br><b>65101</b>                    |
| EMAIL:<br><b>mark@brunslobby.com</b>   | ATTENDANCE:<br><b>Written</b> |                          | SUBMIT DATE:<br><b>4/3/2023 7:31 PM</b> |
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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |                      |
| WITNESS NAME:<br><b>SCOTT FRANDSEN</b>   |             | PHONE NUMBER:<br><b>573-346-2049</b>     |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI ASSOC. OF FIRE CHIEFS</b>   |             | TITLE:<br><b>PRESIDENT</b>               |                      |
| ADDRESS:<br><b>184 N. BUS. RT. 5</b>   |             |  |                      |
| CITY:<br><b>CAMDENTON</b>  |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65020</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>4/3/2023 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |                      |
| WITNESS NAME:<br><b>SCOTT GUCCIONE</b>   |             | PHONE NUMBER:                            |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>SPRINGFIELD FIRE DEPT.</b>   |             | TITLE:<br><b>CAPTAIN</b>                 |                      |
| ADDRESS:<br><b>300 SAME PLACE RD.</b>  |             |  |                      |
| CITY:<br><b>CLEVER</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65631</b> |
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| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>TRENT FORD</b>   |             | PHONE NUMBER:<br><b>314-409-6812</b>     |                      |
| REPRESENTING:<br><b>AMBULANCE DISTRICT ASSOCIATION OF MISSOURI</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>PO BOX 384</b>  |             |  |                      |
| CITY:<br><b>COLUMBIA</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65205</b> |
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| <b>WITNESS NAME</b>  |             |                          |  |
| <b>INDIVIDUAL:</b>   |             |                          |  |
| WITNESS NAME:<br><b>ULI GULJE</b>  |             | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                   |  |
| ADDRESS:   |             |                          |  |
| CITY:  |             | STATE:                   | ZIP:                                     |
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| <b>WITNESS NAME</b>  |                               |                          |  |
| <b>INDIVIDUAL:</b>   |                               |                          |  |
| WITNESS NAME:<br><b>ARNIE C "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>   |                               | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                   |  |
| ADDRESS:   |                               |                          |  |
| CITY:  |                               | STATE:                   | ZIP:                                     |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                          | SUBMIT DATE:<br><b>4/3/2023 11:54 PM</b> |

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**An Amendment Needs to be made in this Bill. Is it right to "Double-Dip" by Collecting from this Newly Formed Fund and also Worker's Compensation?**