



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1534		DATE: 3/5/2024
COMMITTEE: Special Committee on Election Contests		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
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: 3/4/2024 11:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this bill. There NEEDS to be an Amendment that the City of Saint Louis Candidates are treated like all other Political Subdivisions of the State.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BEN BORGMEYER		PHONE NUMBER: 314-540-1641	
BUSINESS/ORGANIZATION NAME: ST. LOUIS CITY ELECTION BOARD		TITLE: DEMOCRATIC DIRECTOR	
ADDRESS: 300 NORTH TUCKER BOULEVARD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BYRON KEELIN		PHONE NUMBER: 314-402-0655	
BUSINESS/ORGANIZATION NAME: FREEDOM PRINCIPLE MO		TITLE: PRESIDENT	
ADDRESS: PO BOX 15095			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: freedomprinciplestl@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2024 7:50 AM	

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Running for elected office is a privilege and anyone seeking elected office should be able to make sure they are respecting the laws they intend to write. Not paying taxes or criminal violations should disqualify individuals from being eligible for elected office.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NATALIE WOLF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wolfnat41@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/1/2024 5:46 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/2/2024 9:29 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		