

BILL NUMBER: HB 1653				DATE: <b>2/29/2024</b>		
COMMITTEE: Crime Prevention and Public Safety						
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	$\square$ FOR INFORMATIONAL PURPOSES			
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT  PHONE NUMBER:			BER:			
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:			
ADDRESS:			<u> </u>		•	
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 2/29/2024 11:56 PM		
THE INFORMATION ON THIS FORM IS DIRLIC PECOPD LINDER CHARTER 610, DSMo						

I am in Support of this Bill. I just hope that there are No Trick-Bags to punish innocent Citizens doing the right thing and reporting a crime or an issue.



BILL NUMBER: HB 1653				DATE: <b>2/29/2024</b>
COMMITTEE: Crime Prevention	and Public Safety			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JORDAN KADOSH	ļ		PHONE NUME 314-627-1	
BUSINESS/ORGANIZATION NAME: ANTI DEFAMATION LEAGUE		TITLE: REGIONA	TITLE: REGIONAL DIR.	
ADDRESS: PO BOX 10141				
CITY: ST. LOUIS			STATE: <b>MO</b>	ZIP: <b>63105</b>
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/29/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



BILL NUMBER: HB 1653			DATE: <b>2/29/2024</b>		
COMMITTEE: Crime Prevention and Public Safety					
<b>TESTIFYING</b> : <b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES		
	WITNESS NAME				
BUSINESS/ORGANIZATION:					
WITNESS NAME: LOCKE THOMPSON		PHONE NUME <b>573-634-9</b>			
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS			TITLE: COLE COUNTY PROSECUTING ATTY.		
ADDRESS: 311 E. HIGH ST. #300					
CITY: JEFFERSON CITY		STATE: <b>MO</b>	ZIP: <b>65101</b>		
EMAIL:	ATTENDANCE:	SUBMIT 0 2/29/20	SUBMIT DATE: 2/29/2024 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610 RSMo					



BILL NUMBER: HB 1653				DA <sup>-</sup> <b>2/2</b>	TE: <b>29/2024</b>	
COMMITTEE: Crime Prevention and Public Safety						
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO		NFORMATIC	NAL PURPOSES	
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: JON STAMBAUGH			PHO	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITI	TITLE:		
ADDRESS:			·			
CITY:			STA	ATE:	ZIP:	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/29/2024 12:00 AM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.						