



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1952</b>		DATE: <b>3/7/2024</b>	
COMMITTEE: <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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ADAM RAPERT</b>		PHONE NUMBER: <b>573-581-5952</b>	
REPRESENTING: <b>MEHLVILLE FIRE PROTECTION DISTRICT</b>		TITLE:	
ADDRESS: <b>215 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/7/2024 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/7/2024 12:36 AM</b>

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**I am in Support of this Bill and the use of "Peer Review Committees" for all Ambulance Districts across our Great State.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRENT HEMPHILL</b>		PHONE NUMBER:	
REPRESENTING: <b>MO AMBULANCE ASSN.</b>		TITLE:	
ADDRESS: <b>P.O. BOX 156</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/7/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JORGEN SCHLEMEIER</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>FIRE SERVICE ALLIANCE</b>		TITLE:	
ADDRESS: <b>213 E. CAPITOL AVE.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MARK ALEXANDER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>COX HEALTH EMS</b>		TITLE: <b>DIRECTOR OF COX HEALTH EMS</b>	
ADDRESS: <b>1423 N. JEFFERSON</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65802</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/7/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TRENT FORD</b>		PHONE NUMBER: <b>314-409-6812</b>	
REPRESENTING: <b>AMBULANCE DISTRICT OF ASSOC. OF MO</b>		TITLE:	
ADDRESS: <b>PO BOX 384</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65205</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/7/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MIKE CAMPBELL</b>		PHONE NUMBER: <b>573-864-4088</b>	
BUSINESS/ORGANIZATION NAME: <b>MATA - MISSOURI ASSOC. OF TRIAL ATTORNEYS</b>		TITLE: <b>MEMBER</b>	
ADDRESS: <b>210 E. HIGH, STE. 3</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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