



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2641		DATE: 3/13/2024
COMMITTEE: Insurance Policy		
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: 3/13/2024 11:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and the intension of taking care of Volunteer Firefighters, who risk their own lives for protecting our communities across Rural Missouri. We NEED to take care of these Men and Women, like they sacrifice and take of care of us when in NEED.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: FIRE SERVICE ALLIANCE		TITLE:	
ADDRESS: 213 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TIM FRANKENBERG		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/13/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TRENT FORD		PHONE NUMBER: 314-409-6812	
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MO		TITLE: PRINCIPAL	
ADDRESS: PO BOX 849			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL: jtrent4d@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/12/2024 10:12 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220B E HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PATRICK BONNOT		PHONE NUMBER: 577-817-2554	
BUSINESS/ORGANIZATION NAME: MIRMA		TITLE: LOSS CONTROL DIRECTOR	
ADDRESS: 3002 FALLING LEAF COURT			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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