



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2688		DATE: 3/6/2024	
COMMITTEE: Special Committee on Public 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: 3/6/2024 11:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHASE CAMPBELL		PHONE NUMBER: 573-864-0972	
REPRESENTING: WINTON POLICY GROUP, MISSOURI KIDS FIRST		TITLE:	
ADDRESS: 124 E HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAKE SILVERMAN		PHONE NUMBER: 314-757-1135	
REPRESENTING: GATEWAY ALLIANCE AGAINST HUMAN TRAFFICKING		TITLE:	
ADDRESS: 16105 SWINGLEY RIDGE			
CITY: CHESTERFIELD		STATE: MO	ZIP: 63017
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA SEITZ		PHONE NUMBER: 573-415-6228	
REPRESENTING: MISSOURI NETWORK AGAINST CHILD ABUSE (FORMERLY MISSOURI KIDSFIRST)		TITLE:	
ADDRESS: 520 DIX ROAD, SUITE C			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TIMOTHY FABER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: timothy@ephesians412.com		ATTENDANCE: Written	SUBMIT DATE: 3/4/2024 8:26 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: 2/25/2024 7:26 PM
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I oppose the statute of limitations portion.



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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 9:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		