



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2855		DATE: 4/25/2024	
COMMITTEE: Crime Prevention and Public Safety			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: AMANDA L. GRELLNER		PHONE NUMBER: 573-897-3101	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS		TITLE: OSAGE CO. PROSECUTING ATTORNEY	
ADDRESS: P.O. BOX 378			
CITY: LINN		STATE: MO	ZIP: 65051
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/25/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ANNIE GIBSON		PHONE NUMBER: 660-663-3300	
BUSINESS/ORGANIZATION NAME: MAPA MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS		TITLE: DAVIESS COUNTY P.A.	
ADDRESS: 102 N. MAIN			
CITY: GALLATIN		STATE: MO	ZIP: 64640
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/25/2024 12:00 AM	
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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@mail.com	ATTENDANCE: Written		SUBMIT DATE: 4/25/2024 11:59 PM
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