

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

| BILL NUMBER: HJR 134 | | | | DATE: 4/11/2024 | |
|--|-------------------|---------------------|-------------|-----------------------------------|--|
| COMMITTEE: Crime Prevention | and Public Safety | | | | |
| TESTIFYING: | ☑ IN SUPPORT OF | ☐ IN OPPOSITION TO | ☐FOR INFORM | ATIONAL PURPOSES | |
| | | WITNESS NAME | | | |
| INDIVIDUAL: | | | | | |
| WITNESS NAME: JOSEPH ESMAR | | | PHONE NUM | BER: | |
| BUSINESS/ORGANIZATIO | DN NAME: | | TITLE: | | |
| ADDRESS: | | | · | | |
| CITY: | | | STATE: | ZIP: | |
| EMAIL: esmar528@yahoo.com | | ATTENDANCE: Written | | SUBMIT DATE: 4/9/2024 11:28 AM | |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | | | |



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| | | WITNESS NAME | | |
| REGISTERED LO | OBBYIST: | | | |
| WITNESS NAME: TRENT FORD | | | PHONE NUME 314-409-6 | |
| REPRESENTING: AMBULANCE DIST | TRICT ASSOC. OF MO | | TITLE: | |
| ADDRESS: PO BOX 384 | | | | |
| CITY: COLUMBIA | | | STATE: MO | ZIP: 65205 |
| EMAIL: | | ATTENDANCE: | SUBMIT DATE: 4/11/2024 12:00 AM | |
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| WITNESS NAME | | | | |
| INDIVIDUAL: | | | | |
| WITNESS NAME: SUSAN GIBSON | | | PHONE NUM | BER: |
| BUSINESS/ORGANIZATION NAME: TITLE: | | | | |
| ADDRESS: | | | · | |
| CITY: | | | STATE: | ZIP: |
| EMAIL: Onesuegibson@p | rotonmail.com | ATTENDANCE: Written | SUBMIT 4/6/20 2 | DATE: 24 6:02 AM |
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There is no need for this to be a constitutional amendment.



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| | WITNESS NAME | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE PHONE NUMBER: | | | ER: |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: arniedienoff@mail.com | ATTENDANCE: Written | SUBMIT DATE: 4/11/2024 11:30 PM | |
| THE INCODMATION ON THE FORM | LIO BUBLIO BECOB | D LINDED OLLA | DTED 040 DOM- |

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Favor of this concept and the intension. However, I am concerned with the \$20 additional Fee to all of the other Court Fees and Assessments. I also believe that All Traffic Violation Cases, All Ordinance Violation Cases and all other Municipal Infraction Causes of Action NOT be Charged the Fee. I also have reservations with the huge Fiscal Note as provided.



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| | | WITNESS NAME | | | |
| INDIVIDUAL: | | | | | |
| WITNESS NAME: JOHN BOYER | | | PHONE NUME | BER: | |
| BUSINESS/ORGANIZATION NAME: | | | TITLE: | | |
| ADDRESS: | | | <u> </u> | | |
| CITY: | | | STATE: | ZIP: | |
| EMAIL: johnboyer0744@i | EMAIL: johnboyer0744@icloud.com ATTENDANCE: SUBMIT DATE: 4/9/2024 10:18 A | | | | |
| THE INFORMATION ON THIS FORM IS DIRE IC DECORD LINDER CHARTER 610, DSMO | | | | | |

Veterans first responders healthcare worker all place ourselves above our needs to serve others. We need to hold public servants accountable to that standard. Right now there is no accountability to public agencies for example Fulton State Hospital is corrupt. Causing shortages of staff delaying millions of citizens mental health care services