



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1139		DATE: 3/5/2025	
COMMITTEE: Judiciary			
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. AC "HONEST-ABE" DIENOFF STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/5/2025 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: VICTOR MELENBRINK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: STATE OF MO JUDICIARY		TITLE: CIRCUIT JUDGE	
ADDRESS: PO BOX 100			
CITY: HILLSBORO		STATE: MO	ZIP: 63050
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2025 12:00 AM	
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