



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 39		DATE: 3/25/2025	
COMMITTEE: General Laws			
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 ADV		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/25/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DEE ANN DUCOTE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: deeann@gallanthorse.com	ATTENDANCE: Written		SUBMIT DATE: 3/25/2025 6:50 AM

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I support this bill. Since I cannot assume that an employer is equipped to protect me or would be willing to assume that responsibility, I want to be able to defend myself.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: libertytree.cottage976@passinbox.com		ATTENDANCE: Written	SUBMIT DATE: 3/24/2025 5:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I EMPHATICALLY SUPPPORT HB 39 as originally filed!!!!!!			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN MYERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/25/2025 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAURA BURKHARDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: aplomb-grove0n@icloud.com	ATTENDANCE: Written		SUBMIT DATE: 3/25/2025 8:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			