



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 605		DATE: 3/4/2025	
COMMITTEE: Health and Mental Health			
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: In-Person		SUBMIT DATE: 3/4/2025 11:44 PM

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

I am in Support of this Bill and its intension of a not allowing and paying for Transplant Services in the Country of China.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BYRON KEELIN		PHONE NUMBER: 314-402-0655	
BUSINESS/ORGANIZATION NAME: FREEDOM PRINCIPLE MO		TITLE: PRESIDENT	
ADDRESS: PO BOX 2			
CITY: BALLWIN		STATE: MO	ZIP: 63022
EMAIL: freedomprinciplemo@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/4/2025 3:48 PM

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

We are in support of this bill. According to NBC News, some of the more than 1.5 million detainees in Chinese prison camps are being murdered for their organs to serve a booming transplant trade that is worth approximately \$1 billion a year. Missouri must take a stand against the organ harvesting industry and make sure no tax dollars nor any insurance plan is permitted from covering a human organ transplant if performed in or if the organ comes from a country that is known to participate in this trade.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DAVID JIANG		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/4/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAMES HARRIS		PHONE NUMBER: 573-761-7875	
REPRESENTING: STATE ARMOR ACTION		TITLE:	
ADDRESS: 122 EAST HIGH STREET, SUITE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARIANNE MARTI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/4/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SARA EFFNER		PHONE NUMBER: 573-201-7646	
BUSINESS/ORGANIZATION NAME: MISSOURI FALUN Dafa ASSOCIATION		TITLE: VOLUNTEER	
ADDRESS: 11370 COUNTY ROAD 5220			
CITY: ROLLA		STATE: MO	ZIP: 65401
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SENA LUO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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