



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 615</b>		DATE: <b>2/5/2025</b>	
COMMITTEE: <b>Crime and Public Safety</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. AC "HONEST-ABE" DIENOFF, STATE PUBLIC ADV</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2025 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID J. KLARICH</b>		PHONE NUMBER: <b>314-560-1616</b>	
REPRESENTING: <b>MISSOURI COURT REPORTERS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>438 GATEFORD DRIVE</b>			
CITY: <b>BALLWIN</b>		STATE: <b>MO</b>	ZIP: <b>63021</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MATTHEW THOMPSON</b>		PHONE NUMBER: <b>660-537-5234</b>	
REPRESENTING: <b>MISSOURI NETWORK AGAINST CHILD ABUSE</b>		TITLE:	
ADDRESS: <b>124 E HIGH ST</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ROBERT W. RUSSELL</b>		PHONE NUMBER: <b>660-422-7480</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>101 W. MARKET ST., STE. 300</b>			
CITY: <b>WARRENSBURG</b>		STATE: <b>MO</b>	ZIP: <b>64093</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MALLORY RUSCH</b>		PHONE NUMBER: <b>314-306-8945</b>	
BUSINESS/ORGANIZATION NAME: <b>EMPOWER MISSOURI</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>PO BOX 104900</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65110</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2025 12:00 AM</b>	
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