



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 82		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: GWEN SMITH		PHONE NUMBER: 314-324-9656	
BUSINESS/ORGANIZATION NAME: EMPOWER MISSOURI		TITLE: CRIMINAL JUSTICE POLICY MANAGER	
ADDRESS: PO BOX 104900			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PATRICK BENSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/5/2025 12:00 AM
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