



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2767		DATE: 3/3/2026	
COMMITTEE: Crime and Public Safety			
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: ALAN WELLS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/3/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: D. SCOTT PENMAN		PHONE NUMBER: 573-690-6771	
REPRESENTING: MO DIRECTORS ASSOCIATION, MO NENA, MO APCO		TITLE:	
ADDRESS: P.O. BOX 684			
CITY: J.C.		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: J TRENT FORD		PHONE NUMBER: 314-409-6812	
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MISSOURI		TITLE: PRINCIPAL	
ADDRESS: PO BOX 384			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL: jtrent4d@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2026 5:22 PM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ARNIE C. A.C. "HONEST-ABE" DIENOFF		PHONE NUMBER: 314-440-9000	
BUSINESS/ORGANIZATION NAME: STATE PUBLIC ADVOCACY		TITLE: STATE PUBLIC ADVOCATE	
ADDRESS: PO BOX #1535			
CITY: O'FALLON		STATE: MO	ZIP: 63366
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2026 12:00 AM	
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