



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 3439</b>		DATE: <b>4/21/2026</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>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ARNIE C. AC "HONEST-ABE" DIENOFF</b>		PHONE NUMBER: <b>314-440-9000</b>	
BUSINESS/ORGANIZATION NAME: <b>STATE PUBLIC ADVOCACY</b>		TITLE: <b>STATE PUBLIC ADVOCATE</b>	
ADDRESS: <b>POST OFFICE BOX #1535</b>			
CITY: <b>O'FALLON</b>		STATE: <b>MO</b>	ZIP: <b>63366</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 3439</b>		DATE: <b>4/21/2026</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>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>CHANCE HEPOLA</b>		PHONE NUMBER:
REPRESENTING: <b>MISSOURI CHAMBER OF COMMERCE</b>		TITLE:
ADDRESS:		
CITY:		STATE: <b>MO</b>
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/21/2026 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 3439</b>		DATE: <b>4/21/2026</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JORGEN SCHLEMEIER</b>		PHONE NUMBER:	
REPRESENTING: <b>FIRE SERVICE ALLIANCE</b>		TITLE:	
ADDRESS: <b>213 E. CAPITOL AVENUE</b>			
CITY: <b>JC</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 3439</b>		DATE: <b>4/21/2026</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>MALCOLM CUNNINGHAM</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 3439</b>		DATE: <b>4/21/2026</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>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>MATT THOMPSON</b>		PHONE NUMBER:
REPRESENTING: <b>BOONE COUNTY FIRE PROTECTION DISTRICT</b>		TITLE:
ADDRESS: <b>124 E HIGH STREET</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL: <b>matt@wintonpolicygroup.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>4/21/2026 1:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		