



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 3480		DATE: 4/21/2026
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		
REGISTERED LOBBYIST:		
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF		PHONE NUMBER: 314-440-9000
REPRESENTING: STATE PUBLIC ADVOCACY		TITLE: STATE PUBLIC ADVOCATE
ADDRESS: POST OFFICE BOX #1535		
CITY: O'FALLON		STATE: MO
		ZIP: 63366
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2026 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: CHANCE HEPOLA		PHONE NUMBER:
REPRESENTING: MISSOURI CHAMBER OF COMMERCE		TITLE:
ADDRESS:		
CITY:		STATE: MO
EMAIL:		ZIP:
ATTENDANCE:		SUBMIT DATE: 4/21/2026 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER:	
REPRESENTING: FIRE SERVICE ALLIANCE		TITLE:	
ADDRESS: 213 E. CAPITOL AVENUE			
CITY: JC		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2026 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MALCOLM CUNNINGHAM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATT THOMPSON		PHONE NUMBER:	
REPRESENTING: BOONE COUNTY FIRE PROTECTION DISTRICT		TITLE:	
ADDRESS: 124 E HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: matt@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/21/2026 1:15 PM	
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