

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1090				DATE: 3/9/2021		
COMMITTEE: Public Safety						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO				
		WITNESS NAME				
BUSINESS/ORG	ANIZATION:					
WITNESS NAME: AARON JEFFRIES				PHONE NUMBER: 573-751-4115		
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF CONSERVATION			TITLE: DEPUTY DIRECTOR			
ADDRESS: PO BOX 180						
			STATE: MO	ZIP: 65102		
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/9/2021 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



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COMMITTEE: Public Safety						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL 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: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT I 3/9/202	SUBMIT DATE: 3/9/2021 1:01 AM		
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I Support this Bill.						



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		WITNESS NAME				
	OBBYIST:					
WITNESS NAME: KYNA IMAN			PHONE NUMBER: 573-634-2322			
REPRESENTING: CONSERVATION I	FEDERATION OF MISS	TITLE:				
ADDRESS: 728 WEST MAIN STREET						
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/9/2021 12:00 AM			
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