

## MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

| BILL NUMBER:<br>HB 639   |                 |                        |        | DATE:<br><b>3/9/2021</b>         |  |  |  |
|--|-----------------|------------------------|--------|----------------------------------|--|--|--|
| COMMITTEE:<br>Elementary and Secondary Education                       |                 |                        |        |                                  |  |  |  |
| TESTIFYING:  | ✓ IN SUPPORT OF | IN OPPOSITION TO       |        | FOR INFORMATIONAL PURPOSES       |  |  |  |
|  |                 | WITNESS NAME           |        |                                  |  |  |  |
| INDIVIDUAL:  |                 |                        |        |                                  |  |  |  |
| WITNESS NAME:<br>ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO    |                 |                        |        | PHONE NUMBER:                    |  |  |  |
| BUSINESS/ORGANIZATION NAME:  |                 |                        | TITLE: |                                  |  |  |  |
| ADDRESS:   |                 |                        |        |                                  |  |  |  |
| CITY:  |                 |                        | STATE: | ZIP:                             |  |  |  |
| EMAIL:<br>arniedienoff@yahoo.com                                       |                 | ATTENDANCE:<br>Written |        | SUBMIT DATE:<br>3/9/2021 1:21 AM |  |  |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                        |        |                                  |  |  |  |
| I Support this Day for School Bus Drivers!                             |                 |                        |        |                                  |  |  |  |



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| WITNESS NAME   |                 |                        |      |                                  |                      |  |  |  |
| INDIVIDUAL:  |                 |                        |      |                                  |                      |  |  |  |
| WITNESS NAME:<br>DEBRA SERR  |                 |                        | PHC  | PHONE NUMBER:                    |                      |  |  |  |
| BUSINESS/ORGANIZATION NAME:  |                 |                        | TITL | TITLE:                           |                      |  |  |  |
| ADDRESS:   |                 |                        |      |                                  |                      |  |  |  |
| CITY:  |                 |                        | STA  | TE:                              | ZIP:                 |  |  |  |
| EMAIL:<br>debraserr@gmail.com  |                 | ATTENDANCE:<br>Written |      | SUBMIT DATE:<br>3/9/2021 9:24 PM |                      |  |  |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                        |      |                                  |                      |  |  |  |



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| TESTIFYING:  | ✓ IN SUPPORT OF | IN OPPOSITION TO       | GR INFORMATIONAL PURPOSES |                                  |  |  |  |  |
| WITNESS NAME   |                 |                        |                           |                                  |  |  |  |  |
| INDIVIDUAL:  |                 |                        |                           |                                  |  |  |  |  |
| WITNESS NAME:<br>JACLYN RIEBOLD  |                 |                        | PHONE NUM                 | PHONE NUMBER:                    |  |  |  |  |
| BUSINESS/ORGANIZATION NAME:  |                 |                        | TITLE:                    | TITLE:                           |  |  |  |  |
| ADDRESS:   |                 |                        |                           |                                  |  |  |  |  |
| CITY:  |                 |                        | STATE:                    | ZIP:                             |  |  |  |  |
| EMAIL:<br>jaclyn.saunders@yahoo.com                                    |                 | ATTENDANCE:<br>Written |                           | SUBMIT DATE:<br>3/8/2021 1:30 PM |  |  |  |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                        |                           |                                  |  |  |  |  |