



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 926</b>		DATE: <b>2/9/2021</b>	
COMMITTEE: <b>Emerging Issues</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>SCOTT FITZPATRICK</b>		PHONE NUMBER: <b>573-751-4943</b>	
BUSINESS/ORGANIZATION NAME: <b>STATE TREASURER's OFFICE</b>		TITLE: <b>TREASURER</b>	
ADDRESS: <b>201 WEST CAPITOL AVENUE, ROOM 229</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2021 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TRISH VINCENT</b>		PHONE NUMBER: <b>573-751-8731</b>	
BUSINESS/ORGANIZATION NAME: <b>SECRETARY OF STATE's OFFICE</b>		TITLE: <b>DEPUTY SECRETARY OF STATE</b>	
ADDRESS: <b>600 WEST MAIN</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>ArnieDienoff@Yahoo.Com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/9/2021 11:58 PM</b>

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**I am opposed to this Bill. The Constitution Requires Notice to the Citizens.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DENNIS WARDEN</b>		PHONE NUMBER: <b>573-619-9076</b>	
BUSINESS/ORGANIZATION NAME: <b>GASCONADE COUNTY REPUBLICAN</b>		TITLE: <b>PUBLISHER</b>	
ADDRESS: <b>106 EAST WASHINGTON AVENUE</b>			
CITY: <b>OWENSVILLE</b>		STATE: <b>MO</b>	ZIP: <b>65066</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MARK MAASSEN</b>		PHONE NUMBER: <b>573-449-4163</b>	
REPRESENTING: <b>MISSOURI PRESS ASSOCIATION</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>802 LOCUST</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65201</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2021 12:00 AM</b>	
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