

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 928				DATE: 2/17/2021	
COMMITTEE: Financial Institution	ons		·		
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: CHARLES A. ARNOLD				PHONE NUMBER: 636-745-3933	
REPRESENTING: MISSOURI INDEPENDENT BANKERS ASSOCIATION			TITLE:		
ADDRESS: PO BOX 161					
CITY: WRIGHT CITY			STATE: MO	ZIP: 63390	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/17/2021 12:00 AM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.	



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		WITNESS NAME				
REGISTERED LO	OBBYIST:					
WITNESS NAME: DAVID KENT			PHONE NUME 573-619-0 0			
REPRESENTING: MISSOURI BANKERS ASSOCIATION			TITLE:			
ADDRESS: 207 EAST CAPITO	L					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/17/2021 12:00 AM			
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		WITNESS NAME						
BUSINESS/ORG	ANIZATION:							
WITNESS NAME: ROB BARRETT			PHONE NUME 751-4297	BER:				
BUSINESS/ORGANIZATION NAME: MISSOURI DIVISION OF FINANCE			TITLE: COMMISSIONER					
ADDRESS: TRUMAN BUILDING, ROOM 650								
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101				
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/17/2021 12:00 AM					
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