



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 303		DATE: 4/19/2021	
COMMITTEE: Workforce Development			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/19/2021 1:08 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill. I believe that Worker's Compensation and Disability Payments shall be paid by any possible means as Requested by the Receipant. Let's change the Law and make this process of payments as painless and easy as possible with full means of security in the delivery of the instrument.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL J. HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE: GENERAL COUNSEL & GOVERNMENT AFFAIRS DIRECTOR	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: mike@moinsurancecoalition.com	ATTENDANCE: In-Person		SUBMIT DATE: 4/19/2021 9:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
The Missouri Insurance Coalition supports SB 303.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ORVILLE LAWRENCE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lawrenceskeeter7@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/18/2021 10:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
On my paypal mastercard			