



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1013		DATE: 4/18/2023
COMMITTEE: Local Government		
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 ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/18/2023 11:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am In Support of this Bill and the Amendments that I provided on archived Video before the Committee.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOHN KILLIAN		PHONE NUMBER: 816-881-3775	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF PUBLIC ADMINISTRATORS		TITLE: PUBLIC ADMINISTRATOR	
ADDRESS: 415 E. 12TH ST. STE 400			
CITY: KANSAS CITY		STATE: MO	ZIP: 64106
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			