

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1018				DATE: 4/12/2023			
COMMITTEE: Workforce and Infrastructure Development							
TESTIFYING:	TESTIFYING: ☑IN SUPPORT OF ☐IN OPPOSITION TO ☐FOR INFORM			ATIONAL PURPOSES			
		WITNESS NAME					
REGISTERED LO	OBBYIST:						
WITNESS NAME: LOGAN HOBBS			PHONE NUME 573-395-6				
REPRESENTING: DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS			TITLE: LEGISLA	TITLE: LEGISLATIVE LIAISON			
ADDRESS: 421 EAST DUNKLIN STREET							
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/12/2023 12:00 AM				
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							



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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@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 4/12/2023 11:54 PM			
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