

BILL NUMBER: HB 1109				DATE: 2/28/2023	
COMMITTEE: Financial Institutio	ons				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		MATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LOBBYIST:					
WITNESS NAME: ANDREW ARNOLD			PHONE NUMBER: 314-541-6936		
REPRESENTING: MISSOURI INDEPENDENT BANKERS ASSOCIATION			TITLE:		
ADDRESS: 28697 KENDALWOOD DR					
CITY: WRIGHT CITY			STATE: MO	ZIP: 63390	
EMAIL: andrew@arnoldlob	oby.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/28/2023 11:46 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
The Missouri Independent Bankers Association supports HB 1109 as it helps the State and adds liquidity that helps our banks make loans to our customers.					



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	E PUBLIC ADVOCATE	PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:			TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yahoo.comATTENDANCE: WrittenSUBMIT DATE: 2/28/2023 11:37 F				
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				
I am in Support of this Bill. With the State Breaking the Income Thresholds each and every year withy				

record-breaking income, I believe that this change is in the Best-Interest of Missourians and will Invest and allow for Returns to Support State Operations and Functions.



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REGISTERED LO	OBBYIST:			
WITNESS NAME: DAVID KENT		PHONE NUMBER:		
REPRESENTING: MISSOURI BANKERS ASSOCIATION			TITLE:	
ADDRESS: 207 EAST CAPITOL AVE.				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM	
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JOHN BANDY			PHONE NUMBER: 573-636-7809	
BUSINESS/ORGANIZATION NAME: FCS FINANCIAL		TITLE: GENERAL COUNSEL		
ADDRESS: 1934 E. MILLER STREET				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM	
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: PHONE NUMBER: 573-634-3511					
			TITLE:		
ADDRESS: PO BOX 149					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM		
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	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: VIVEK MALEK		PHONE NUME 573-751-8	
BUSINESS/ORGANIZATION NAME: STATE TREASURER'S OFFICE		TITLE: TREASURER	
ADDRESS:			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM	
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