

## MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1171				DATE: <b>4/19/2023</b>		
COMMITTEE: Budget						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		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: Written		SUBMIT DATE: 4/19/2023 11:43 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
I am in Support of this Bill and the increases and Prohibitions and Ethics!						



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		WITNESS NAME				
BUSINESS/ORGANIZATION:						
WITNESS NAME: LESTER ELDER			PHONE NUMBER: 573-526-7751			
BUSINESS/ORGANIZATION NAME: MISSOURI LOTTERY			TITLE: EXECUTIVE DIRECTOR			
ADDRESS: 1823 SOUTHRIDGE DR						
	,	STATE: MO	ZIP: 65102			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/19/2023 12:00 AM			
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