



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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|--|--|-------------------------------|--|
| BILL NUMBER: HB 2 | | DATE: 3/23/2023 | |
| COMMITTEE: Budget | | | |
| TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" 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: Written | SUBMIT DATE: 3/23/2023 3:17 AM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |
| Cut the Fat, Destroy Fraud, Save Money and Cut Taxes! | | | |