



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 35		DATE: 4/11/2023	
COMMITTEE: Pensions			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE A.C. DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/11/2023 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 ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ArnieDienoff@Yahoo.Com		ATTENDANCE: In-Person	SUBMIT DATE: 4/11/2023 11:11 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 4/8/2023 10:46 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ABBY SPIELER		PHONE NUMBER: 573-353-9277	
REPRESENTING: MISSOURI STATE EMPLOYEES RETIREMENT SYSTEM		TITLE: LOBBYIST	
ADDRESS: 907 WILDWOOD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65108
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/11/2023 12:00 AM	
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