



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 425		DATE: 3/21/2023
COMMITTEE: Financial Institutions		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
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: 3/21/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: IAN DUNLAP		PHONE NUMBER: 573-248-9238	
REPRESENTING: MISSOURI CREDIT UNION ASSOCIATION		TITLE:	
ADDRESS: 223 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAMES REGNA		PHONE NUMBER: 314-482-3247	
BUSINESS/ORGANIZATION NAME: TRIAD BANK		TITLE: PRESIDENT OF TRIAD BANK	
ADDRESS: 2708 FAIRWAY BEND DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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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: Written		SUBMIT DATE: 3/21/2023 11:45 PM
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I am Opposed to this Bill. This information Must be Public and to assist Consumers in contacting the appropriate contacts at the Financial Institution.