MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 6**	DATE: **3/23/2023**
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: **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!