

## MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 767				DATE: <b>4/3/2023</b>	
COMMITTEE: Judiciary				•	
TESTIFYING:	NG: ☑IN SUPPORT OF ☐IN OPPOSITION TO ☐FOR INFORMATIONAL PURPOSE			ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUM	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:	
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 4/3/2023 11:57 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					