



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |                      |
|--|-------------|---|----------------------|
| BILL NUMBER:<br><b>HB 836</b>  |             | DATE:<br><b>3/21/2023</b>                 |                      |
| COMMITTEE:<br><b>Veterans</b>  |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>MAJ. RYAN L. BORGMEYER</b>   |             | PHONE NUMBER:<br><b>573-638-9500</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI NATIONAL GUARD</b>  |             | TITLE:<br><b>BRANCH CHIEF, FWS</b>        |                      |
| ADDRESS:<br><b>2302 MILITIA DR.</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/21/2023 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>PAUL KIRCHHOFF</b>   |             | PHONE NUMBER:<br><b>573-751-4066</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MO VETERANS COMMISSION</b>   |             | TITLE:<br><b>DIRECTOR</b>                 |                      |
| ADDRESS:<br><b>205 JEFFERSON 12TH FLOOR</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65109</b> |
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| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>3/21/2023 11:26 PM</b> |
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**I am Opposed to this Bill. This is a Duplication of Service and Award Provided by the United States Defense Department.**