

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 888				DATE: 4/11/2023			
COMMITTEE: Children and Families							
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR INFOR	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@Yah	noo.Com	ATTENDANCE: Written	SUBMIT DATE: 4/11/2023 11:08 PM				
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO					
		WITNESS NAME					
BUSINESS/ORGANIZATION:							
				PHONE NUMBER: 573-257-0070			
BUSINESS/ORGANIZATIO	TMENT OF TRANSPO	TITLE: GOVERNMENT RELATIONS					
ADDRESS: 1058 W. CAPITOL AVE.							
				ZIP: 65102			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/11/2023 12:00 AM				
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