

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 891				DATE 3/22	: 2/2023	
COMMITTEE: Utilities				·		
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	RMATION	NAL PURPOSES	
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE				PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:			·			
CITY:			STATE:		ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 3/22/2023 11:54 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



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		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: EWELL LAWSON			PHONE NUME 573-864-6 0			
REPRESENTING: MPUA, MISSOURI ASSOCIATION OF MUNICIPAL UTILITIES TITLE:						
ADDRESS: 2200 MAGUIRE BOULEVARD						
CITY: COLUMBIA			STATE: MO	ZIP: 65201		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/22/2023 12:00 AM			
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REGISTERED LO	OBBYIST:						
WITNESS NAME: JOSHUA YOUNGBLOOD				PHONE NUMBER: 417-840-2168			
REPRESENTING: TITLE: MPUA, MISSOURI ASSOCIATION OF MUNICIPAL UTILITIES							
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