



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 897</b>		DATE: <b>4/20/2023</b>	
COMMITTEE: <b>Transportation Accountability</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>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>4/20/2023 11:44 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**I am in Support of this Bill.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JAY HARDENBROOK</b>		PHONE NUMBER: <b>816-810-2066</b>	
BUSINESS/ORGANIZATION NAME: <b>AARP</b>		TITLE: <b>ADVOCACY DIRECTOR</b>	
ADDRESS: <b>4931 PARKER AVE</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63116</b>
EMAIL: <b>jhardenbrook@aarp.org</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>4/20/2023 7:45 AM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN GIBSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>Onesuegibson@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>4/15/2023 1:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		