

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 929				DATE: 3/29/2023		
COMMITTEE: Emerging Issues						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		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@yahoo.com		ATTENDANCE: Written		SUBMIT DATE: 3/29/2023 11:59 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
I am in Support of this Bill on its Face.						



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WITNESS NAME						
BUSINESS/ORGANIZATION:						
WITNESS NAME: DAVIS BIGGS				PHONE NUMBER: 314-821-0688		
BUSINESS/ORGANIZATION NAME: ASSOCIATED CEMETERIES OF MISSOURI				TITLE: ATTORNEY		
ADDRESS:						
CITY:			STATE: MO	ZIP:		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/29/2023 12:00 AM			
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