



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 13</b>		DATE: <b>4/4/2023</b>	
COMMITTEE: <b>Financial Institutions</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>CHRIS LIESE</b>		PHONE NUMBER: <b>314-495-6159</b>	
REPRESENTING: <b>MISSOURI INSTALLMENT LENDERS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>730 WEST MAIN ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/4/2023 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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID KENT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI BANKERS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>207 EAST CAPITOL AVE.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>HEATH CLARKSTON</b>		PHONE NUMBER: <b>573-520-7240</b>	
REPRESENTING: <b>MORTGAGE BANKERS ASSOCIATION OF MISSOURI</b>		TITLE:	
ADDRESS: <b>235 E. HIGH ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>IAN DUNLAP</b>		PHONE NUMBER: <b>573-248-9238</b>	
REPRESENTING: <b>MISSOURI CREDIT UNION ASSOCIATES</b>		TITLE:	
ADDRESS: <b>223 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MICK CAMPBELL</b>		PHONE NUMBER: <b>573-751-3242</b>	
BUSINESS/ORGANIZATION NAME: <b>DIVISION OF FINANCE</b>		TITLE: <b>ACTING COMMISSIONER</b>	
ADDRESS: <b>301 W. HIGH ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<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>4/4/2023 11:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>I Oppose this Bill and the Changes.</b>			