

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: SB 187				DATE: 4/4/2023		
COMMITTEE: Financial Institutions						
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES		
		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: JASMINE WELLS				PHONE NUMBER: 573-645-4810		
REPRESENTING: REVENUE BASED						
ADDRESS: 330 MARYLAND AVENUE, NE						
CITY: WASHINGTON			STATE: DC	ZIP: 20002		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



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COMMITTEE: Financial Institutions						
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMA	ATIONAL 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	ATTENDANCE: SUBMIT DATE: 4/4/2023 11:39 PM		ATE: 3 11:39 PM			
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I Oppose this Bill and the Changes.