



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|-------------------------------|--------------------------|--|
| BILL NUMBER: SB 40 | | DATE: 4/4/2023 | |
| COMMITTEE: General Laws | | | |
| TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> 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: 4/4/2023 11:57 PM |

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill with State and Federal background Checks.



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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: BEN TERRELL | | PHONE NUMBER: 573-508-3623 | |
| BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES | | TITLE: | |
| ADDRESS: 912 W. WILDWOOD | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65109 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 4/4/2023 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: COLLIN M STOSBERG | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: MISSOURI STATE HIGHWAY PATROL | | TITLE: LT. | |
| ADDRESS: 1510 E ELM ST | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 4/4/2023 12:00 AM | |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: TOM ROBBINS | | PHONE NUMBER: 573-645-5912 | |
| REPRESENTING: MOCANN TRADE | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: MO | ZIP: |
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