



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 63		DATE: 4/11/2023	
COMMITTEE: Financial Institutions			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID KENT		PHONE NUMBER:	
REPRESENTING: MISSOURI BANKERS ASSOCIATION		TITLE:	
ADDRESS: 207 EAST CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/11/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: IAN DUNLAP		PHONE NUMBER: 573-248-9238	
REPRESENTING: MISSOURI CREDIT UNION ASSOCIATION		TITLE:	
ADDRESS: 223 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/11/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAMES REGNA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: TRIAD BANK		TITLE: CEO	
ADDRESS: 10375 CLAYTON RD.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63131
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/11/2023 12:00 AM

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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: 4/11/2023 11:17 PM
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