



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 63</b>		DATE: <b>4/11/2023</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>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>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/11/2023 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



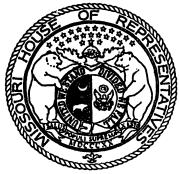
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>IAN DUNLAP</b>	PHONE NUMBER: <b>573-248-9238</b>	
REPRESENTING: <b>MISSOURI CREDIT UNION ASSOCIATION</b>	TITLE:	
ADDRESS: <b>223 MADISON STREET</b>		
CITY: <b>JEFFERSON CITY</b>	STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/11/2023 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>JAMES REGNA</b>	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>TRIAD BANK</b>	TITLE: <b>CEO</b>	
ADDRESS: <b>10375 CLAYTON RD.</b>	STATE: <b>MO</b>	ZIP: <b>63131</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/11/2023 12:00 AM</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>4/11/2023 11:17 PM</b>
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