



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1490		DATE: 1/30/2024	
COMMITTEE: Veterans			
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 ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/30/2024 11:28 PM

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

I am in Support of this Bill and its Intent to not profit off of giving advise and referrals to Veterans to receive benefits.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TROY WILLIAMS		PHONE NUMBER: 573-536-2434	
BUSINESS/ORGANIZATION NAME: MAVO VFW		TITLE:	
ADDRESS: 221 FREDRICKS LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WILLIAM TAYLOR		PHONE NUMBER: 910-603-5861	
BUSINESS/ORGANIZATION NAME: VETERANS GUARDIAN		TITLE: COO	
ADDRESS: 75 TROTTER HILLS CIR			
CITY: PINHURST		STATE: NC	ZIP: 28374
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
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