

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1569				DATE: 1/10/2024	
COMMITTEE: Higher Education					
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
WITNESS NAME					
BUSINESS/ORGANIZATION:					
WITNESS NAME: BRIAN MILLNER				PHONE NUMBER: 573-634-8787	
BUSINESS/ORGANIZATION NAME: MISSOURI COMMUNITY COLLEGE ASSOCIATION			TITLE: PRESIDE	TITLE: PRESIDENT	
ADDRESS: 2420 HYDE PARK					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/10/2024 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.					