

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 1619				DATE: 3/12/2024	
COMMITTEE: Special Committee on Tourism					
TESTIFYING: ✓IN SUPPORT OF ☐IN OPPOSITION TO ☐FOR INFO			☐FOR INFORM	NFORMATIONAL 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@yaho	o.com	ATTENDANCE: Written	SUBMIT DATE: 3/12/2024 11:34 PM		
THE INFORMATION ON THIS FORM IS DIRE IC DECORD LINDER CHARTER 640, DSM					

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

I am in Support of this Bill and its intension with some Amendments. That the person must be passed for five (5) years and Military Person passed for three (3) Years. We NEED to Honor all Missourians and NOT Picking Winners & Losers.