



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1665		DATE: 3/5/2024
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		
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: In-Person	SUBMIT DATE: 3/5/2024 11:44 PM

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

I am in Support of this Bill as the investment of up to 15% of all Operating Funds of the County Hospital District. this Legislation makes sense and a is a Win/Win for the County.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CASEY BURTON		PHONE NUMBER: 573-458-2043	
REPRESENTING: PHELPS HEALTH		TITLE:	
ADDRESS: 1000 WEST TENTH STREET			
CITY: ROLLA		STATE: MO	ZIP: 65401
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM	
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