

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1690				DATE: 1/18/2024		
COMMITTEE: Ways and Means						
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES		
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUMB	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 1/18/2024 11:56 PM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						

I am in Support of this Bill, Intension and Relief for All Missouri Tax-Payers.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES		
		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: STEVE HOBBS			PHONE NUMBER: 573-634-2120			
REPRESENTING: MO ASSOCIATION	OF COUNTIES		TITLE:			
ADDRESS: 1648 EAST ELM						
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/18/2024 12:00 AM			
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