

BILL NUMBER: HB 1815				DATE: 2/21/2024	
COMMITTEE: Government Efficiency and Downsizing					
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT PHONE NUMBER:				BER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 2/21/2024 11:40 PM	
THE INFORMATION ON THIS FORM IS PURILIC RECORD LINDER CHAPTER 610, RSMo					

I Support this Bill and Performing an Economy and Efficiency Audit of ALL Branches of State Government. This is a Good-Thing!



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DON BICKHAUS			PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: doniibecky@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/17/2024 5:12 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

l agree



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MICHAEL			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: MichaelWesten.3up@protonmail.com ATTENDANCE: Written SUBMIT DATE: 2/21/2024 9:48 AM				
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I SUPPORT HB 1815 as originally drafted.



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TESTIFYING:	☐ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMATIONAL PURPOSES	
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: BRANDON ALEXA	ANDER		PHONE NUME 660-216-3	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE AUDITORS OFFICE		TITLE: CHIEF OF STAFF		
ADDRESS: 201 W. CAPITOL AVENUE				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/21/2024 12:00 AM	
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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 1815				DATE: 2/21/2024	
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TESTIFYING:	☐ IN SUPPORT OF	☐ IN OPPOSITION TO	✓ FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: LATOYA BOYD			PHONE NUM	BER:	
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:	
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: Latoyaboyd34@ yah	oo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/21/2024 3:58 PM		
THE INCODMAT	ON ON THIS FORM	A IC DUBLIC DECOR	D LINDED CHA	DTED 640 DCMa	

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Hello I was trying to get help on my situation I was offset by irs for refund from overpaid unemployment this year 2024 I put in a appeal in 2023 01/27 and never heard back or got any response I need help in this situation we're as I'm going threw a hardship