



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2453		DATE: 2/8/2024
COMMITTEE: Ways and Means		
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 ADVOCAT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/8/2024 11:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and its intension. We NEED to crack-down on people who refuse to obtain and get Insurance for their vehicles.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BRANDON KOCH		PHONE NUMBER: 573-893-4241
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:
ADDRESS: 220 EAST HIGH STREET, SUITE B		
CITY: JEFF CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/8/2024 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOSHUA W SHEWMAKER		PHONE NUMBER: 573-526-2723	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF REVENUE		TITLE: DEPUTY LEGISLATIVE DIRECTOR	
ADDRESS: 301 WEST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65105
EMAIL: joshua.shewmaker@Dor.mo.gov	ATTENDANCE: In-Person	SUBMIT DATE: 2/8/2024 9:57 AM	
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