



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | |
|--|-------------------------------|---|
| BILL NUMBER: HCR 42 | | DATE: 2/12/2024 |
| COMMITTEE: Special Committee on Small Business | | |
| 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.AC DIENOFF-STATE PUBLIC ADVOCATE | | PHONE NUMBER: |
| BUSINESS/ORGANIZATION NAME: | | TITLE: |
| ADDRESS: | | |
| CITY: | | STATE: ZIP: |
| EMAIL: ArnieDienoff@Yahoo.Com | ATTENDANCE: Written | SUBMIT DATE: 2/12/2024 11:56 PM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | |