



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HCR 50		DATE: 2/28/2024
COMMITTEE: Higher Education		
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: 2/28/2024 11:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DEAN VAN GALEN		PHONE NUMBER: 417-625-9501	
BUSINESS/ORGANIZATION NAME: MISSOURI SOUTHERN STATE UNIVERSITY		TITLE: PRESIDENT	
ADDRESS: 3950 E. NEWMAN ROAD			
CITY: JOPLIN		STATE: MO	ZIP: 64801
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/28/2024 12:00 AM	
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