

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HR 4009				DATE: 2/6/2024	
COMMITTEE: Consent and House Procedure					
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: 2/6/2024 11:39 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					

I concur with the use of the House Chambers.