



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SCR 22		DATE: 4/10/2024	
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 ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dienoff@mail.com	ATTENDANCE: Written		SUBMIT DATE: 4/10/2024 11:57 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Expanded Mission and Educational Degree Offering at Missouri State Southern University.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JIM FOLEY		PHONE NUMBER: 573-694-6949	
REPRESENTING: MISSOURI SOUTHERN STATE UNIVERSITY		TITLE:	
ADDRESS: 730 W. MAIN STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	

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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SHELLIE R. HEWITT		PHONE NUMBER: 660-909-2901	
BUSINESS/ORGANIZATION NAME: MISSOURI SOUTHERN STATE UNIVERSITY		TITLE: DEAN OF ADMISSIONS	
ADDRESS: 809 BLACKTHORN DRIVE			
CITY: CARL JUNCTION		STATE: MO	ZIP: 64834
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	
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