



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                 |  |
|--|---------------------------------|--|
| BILL NUMBER:<br><b>HB 1007</b>   |                                 | DATE:<br><b>2/4/2025</b>                 |
| COMMITTEE:<br><b>Special Committee on Tax Reform</b>   |                                 |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                 |  |
| <b>WITNESS NAME</b>  |                                 |  |
| <b>INDIVIDUAL:</b>   |                                 |  |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                                 | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                                 | TITLE:                                   |
| ADDRESS:   |                                 |  |
| CITY:  |                                 | STATE:                  ZIP:             |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>In-Person</b> | SUBMIT DATE:<br><b>2/4/2025 11:56 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                 |  |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |  |                      |
|--|-------------|--|----------------------|
| BILL NUMBER:<br><b>HB 1007</b>   |             | DATE:<br><b>2/4/2025</b>                 |                      |
| COMMITTEE:<br><b>Special Committee on Tax Reform</b>   |             |  |                      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |  |                      |
| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>OLIVIA WILSON</b>  |             | PHONE NUMBER:                            |                      |
| REPRESENTING:<br><b>MISSOURI MOTION MEDIA ASSOCIATION</b>  |             | TITLE:                                   |                      |
| ADDRESS:<br><b>217 EAST CAPITOL AVENUE</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/4/2025 12:00 AM</b> |                      |

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