



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|-------------|--------------------------|--|
| BILL NUMBER: HB 200 | | DATE: 2/5/2025 | |
| COMMITTEE: Local Government | | | |
| 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 "HONEST ABE" DIENOFF - STATE PUBLIC AD | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: | ATTENDANCE: | | SUBMIT DATE: 2/5/2025 12:00 AM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |



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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: SARAH SCHLEMEIER | | PHONE NUMBER: | |
| REPRESENTING: MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE | | TITLE: | |
| ADDRESS: 213 E. CAPITOL AVENUE | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/5/2025 12:00 AM | |
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