



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 543		DATE: 2/11/2025
COMMITTEE: Health and Mental Health		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:
ADDRESS: PO BOX 60		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/11/2025 11:40 PM
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I am Opposed to this Bill as I believe that persons making claims and facts, must do so in a Verified Official Statement and Documents signed under Oath of Affirmation before a State Notary Public to ensure Accountability and Responsibility in the allegations as presented as afforded under current State Law. Do not change this requirement!