



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 632		DATE: 2/4/2025
COMMITTEE: General Laws		
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 ADV		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/4/2025 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: DAVIS BIGGS		PHONE NUMBER: 314-496-8031
REPRESENTING: ASSOCIATED CEMETERIES OF MISSOURI		TITLE:
ADDRESS: C/O D. BIGGS, 947 N. CLAY AVE.		
CITY: KIRKWOOD		STATE: MO
		ZIP: 63122
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/4/2025 12:00 AM
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