

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 767				DATE: 2/11/2025		
COMMITTEE: Government Efficiency						
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL 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: 2/11/2025 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: MIKE LODEWEGE	N		PHONE NUMB	ER:			
REPRESENTING: MO COUNCIL OF S	SCHOOL ADMINISTRA	TITLE:					
ADDRESS: 3500 AMAZONAS							
CITY: JC			STATE: MO	ZIP: 65109			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM				
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