



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 834		DATE: 2/12/2025	
COMMITTEE: Professional Registration and Licensing			
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."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: 2/12/2025 12:19 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am in Support of this Bill. I Support this Bill in 2024.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DONALD OTTO		PHONE NUMBER: 573-635-1661	
BUSINESS/ORGANIZATION NAME: MO. FUNERAL DIRECTORS ASSN		TITLE: EXEC DIR	
ADDRESS: 1757 WOODCLIFF			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/12/2025 12:00 AM	
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