



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 838		DATE: 2/20/2025	
COMMITTEE: Legislative Review			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BEN TERRELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS:			
CITY:		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2025 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: Written	SUBMIT DATE: 2/20/2025 12:06 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am Opposed to this Bill and intension. Leave the Law on Vital Records alone and allow the Current Law of release and disclosure of certain information upon request.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KEVIN EDWARDS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: thekrshowbusiness@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 12:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			