

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HCR 6					TE: 26/2025	
COMMITTEE: Higher Education	and Workforce Develo	pment		·		
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIO	ONAL PURPOSES	
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO				PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:				TITLE:		
ADDRESS:			1			
CITY:			S	TATE:	ZIP:	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/26/2025	12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



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POSITION TO		ATIONAL PURPOSES	
		ATIONAL PURPOSES	
SS NAME			
WITNESS NAME: DEAN VAN GALEN			
BUSINESS/ORGANIZATION NAME: MISSOURI SOUTHERN STATE UNIVERSITY			
	STATE: MO	ZIP: 64801	
NCE:	SUBMIT DATE: 3/26/2025 12:00 AM		
	-	NCE: SUBMIT D	