MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HR 11**	DATE: **2/18/2025**
COMMITTEE: **Consent and Procedure**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ 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: **2/15/2025 4:29 PM**

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

I Support of the Use of the House Chambers for a great program, Missouri Youth Leadership Forum by the Missouri Governor's Council.

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **SUSAN GIBSON**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL: **Onesuegibson@protonmail.com**	ATTENDANCE: **Written**	SUBMIT DATE: **2/15/2025 6:54 PM**

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