

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: SB 163				DATE: 3/24/2025	
COMMITTEE: Ways and Means					
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐ FOR INFORMATIONAL PURPOSES		
WITNESS NAME					
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUME	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:	
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: In-Person		SUBMIT DATE: 3/24/2025 11:45 PM	
THE INFORMATION ON THIS FORM IS DURI IC RECORD LINDER CHARTER 610, RSM					

I am Opposed to this Bill. Missourians NEED to be treated fairly and equally. I am opposed to giving one group of Missourians Tax Income Benefits over other Missouri Groups and Residents.