



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 3420		DATE: 3/25/2026	
COMMITTEE: Special Committee on Tourism			
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: ARNIE C. AC "HONEST-ABE" DIENOFF		PHONE NUMBER: 314-440-9000	
BUSINESS/ORGANIZATION NAME: STATE PUBLIC ADVOCACY		TITLE: STATE PUBLIC ADVOCATE	
ADDRESS: P.O. BOX #1535			
CITY: O' FALLON		STATE: MO	ZIP: 63366
EMAIL: ArnieDienoff@Mail.Com	ATTENDANCE: In-Person	SUBMIT DATE: 3/25/2026 11:55 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am in Support of this Designation.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELLIOTT SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/25/2026 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LUCIE SCOTT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/25/2026 12:00 AM
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