



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 829		DATE: 2/17/2021
COMMITTEE: Transportation		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ArnieDienoff@Yahoo.Com	ATTENDANCE: Written	SUBMIT DATE: 2/17/2021 11:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: LUKE REED		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF TRANSPORTATION		TITLE: LEGISLATIVE LIAISON
ADDRESS: 105 WEST CAPITOL AVENUE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/17/2021 12:00 AM
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