



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 927		DATE: 2/17/2021	
COMMITTEE: Financial Institutions			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHARLES A. ARNOLD		PHONE NUMBER: 636-745-3933	
REPRESENTING: MISSOURI INDEPENDENT BANKERS ASSOCIATION		TITLE:	
ADDRESS: PO BOX 161			
CITY: WRIGHT CITY		STATE: MO	ZIP: 63390
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/17/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID KENT		PHONE NUMBER: 573-619-0028	
REPRESENTING: MISSOURI BANKERS ASSOCIATION		TITLE:	
ADDRESS: 207 EAST CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/17/2021 12:00 AM	
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