



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1562		DATE: 2/8/2022	
COMMITTEE: Veterans			
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: JIM MARTIN		PHONE NUMBER: 573-513-6448	
BUSINESS/ORGANIZATION NAME: STARS AND STRIPES MUSEUM/LIBRARY		TITLE: PAST PRESIDENT	
ADDRESS: 1700 STARS AND STRIPES WAY			
CITY: BLOOMFIELD		STATE: MO	ZIP: 63825
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/8/2022 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/8/2022 8:43 PM

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I am opposed to the Bill and Legislation.