



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2462		DATE: 1/31/2022	
COMMITTEE: Health and Mental Health Policy			
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 C. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/31/2022 11:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I Agree With This Bill and the Impact and Awareness To ALL Missourians!			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRIS SNIDER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Csnider25@gmail.com	ATTENDANCE: In-Person		SUBMIT DATE: 1/31/2022 8:36 AM
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sharing a personal connection to organ donation in support of Donate Life Day bill			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LAKEISHA COLEMAN		PHONE NUMBER: 618-979-9664	
BUSINESS/ORGANIZATION NAME: MID-AMERICA TRANSPLANT		TITLE:	
ADDRESS: 1110 HIGHLANDS PLAZA DR E SUITE 100			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: lcoleman@midamericatransplant.org	ATTENDANCE: In-Person		SUBMIT DATE: 1/31/2022 8:39 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Providing statement in support of organ donation by sharing experience working with families at Mid-America Transplant