



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 352</b>		DATE: <b>2/23/2021</b>
COMMITTEE: <b>Corrections and Public Institutions</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/23/2021 3:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in Support of this Bill. The State Treasurer shall be responsible for this Accounting as to limit exposure to fraud and abuses.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TREVOR FOLEY</b>		PHONE NUMBER: <b>573-526-7844</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI DEPARTMENT OF CORRECTIONS</b>		TITLE: <b>DIRECTOR OF BUDGET AND FINANCE</b>	
ADDRESS: <b>2715 PLAZA DRIVE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65043</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/23/2021 12:00 AM</b>	
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