



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 661		DATE: 2/3/2021	
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: 2/3/2021 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOSHUA SHEWMAKER		PHONE NUMBER: 573-526-2723	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF REVENUE		TITLE: LEGISLATIVE COORDINATOR	
ADDRESS: 301 WEST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TOM CRAWFORD		PHONE NUMBER: 573-634-3388	
REPRESENTING: MISSOURI TRUCKING ASSOCIATION		TITLE:	
ADDRESS: 102 EAST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM	
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