



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1426		DATE: 4/21/2021	
COMMITTEE: Professional Registration and Licensing			
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. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/21/2021 2:01 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am in Support of this Bill.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DONITA SHIPMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/21/2021 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JANET AKERS MONTGOMERY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/21/2021 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LYNNE SCHLOSSER		PHONE NUMBER: 913-461-8724	
REPRESENTING: MISSOURI CHIROPRACTIC PHYSICIANS ASSOCIATION		TITLE:	
ADDRESS: 1521 PEPPERWOOD DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63146
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID JACKSON		PHONE NUMBER: 314-406-2933	
REPRESENTING: MISSOURI AMBULATORY SURGERY CENTER ASSOCIATION, MISSOURI SOCIETY OF ANESTHESIOLOGISTS		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HEIDI GEISBUHLER SUTHERLAND		PHONE NUMBER: 573-636-5151	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2021 12:00 AM	
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