



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 9		DATE: 4/14/2021	
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: KENDALL MARTINEZ-WRIGHT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/14/2021 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: MARK STRINGER		PHONE NUMBER: 573-751-3070	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF MENTAL HEALTH		TITLE: DIRECTOR	
ADDRESS: 1706 EAST ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/14/2021 12:00 AM	
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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: 4/14/2021 1:55 AM

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I am Opposed to this Bill. All documentation and complaints shall remain in the Licensee's File.