



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 51</b>		DATE: <b>3/21/2023</b>	
COMMITTEE: <b>Professional Registration and Licensing</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."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/21/2023 11:47 PM</b>

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

**I am in Support of this Bill and its Changes on its face. Hopefully there are NO Hidden Agenda.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JENNIFER SCHNIEDERS</b>		PHONE NUMBER: <b>573-556-6730</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI PHYSICAL THERAPY ASOCIATION</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>205 EAST CAPITOL AVENUE, SUITE 100</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/21/2023 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RYAN DEBOEF</b>		PHONE NUMBER: <b>573-634-3415</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>		TITLE:	
ADDRESS: <b>1423 RANDY LN.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>ryan@hahndeboef.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/21/2023 8:10 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			