



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1549		DATE: 4/3/2024	
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 ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@mail.com	ATTENDANCE: In-Person		SUBMIT DATE: 4/3/2024 11:43 PM

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

I am in Support of this Bill and its intension to keep the Public safe with good morals and protections.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TODD NISSENHOLTZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/3/2024 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WES SHUMATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WESLEY SUTTON		PHONE NUMBER: 573-526-6071	
BUSINESS/ORGANIZATION NAME: MISSOURI DIVISION OF PROFESSIONAL REGISTRATION		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 3605 MISSOURI BOULEVARD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/3/2024 12:00 AM	
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