



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1710		DATE: 3/13/2024	
COMMITTEE: Emerging Issues			
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@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/13/2024 11:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill. We have to do all that we can do to Support and Protect our Elderly Residents.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAY HARDENBROOK		PHONE NUMBER: 816-810-2066	
BUSINESS/ORGANIZATION NAME: AARP		TITLE: ADVOCACY DIRECTOR	
ADDRESS: 4031 PARKER AVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63116
EMAIL: jhardenbrook@aarp.org	ATTENDANCE: In-Person	SUBMIT DATE: 3/13/2024 2:07 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATHLEEN DONOVAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kdonovan412@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/13/2024 5:31 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL HALLEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NICOLE LYNCH		PHONE NUMBER: 636-699-2814	
REPRESENTING: VOYCE		TITLE:	
ADDRESS: 8050 WATSON ROAD, SUITE 155			
CITY: ST. LOUIS		STATE: MO	ZIP: 63119
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MO ASSISTED LIVING ASSOC.		TITLE:	
ADDRESS: 213 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-893-2060	
REPRESENTING: MO HEALTH CARE ASSN.		TITLE:	
ADDRESS: 236 METRO DR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/13/2024 12:00 AM	
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