



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2434</b>		DATE: <b>1/30/2024</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>1/30/2024 11:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in Support of this Bill and its intent.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JULIE PRATT</b>		PHONE NUMBER: <b>816-805-4287</b>	
BUSINESS/ORGANIZATION NAME: <b>BURRELL BEHAVIORIAL HEALTH/COMPREHENSIVE MENTAL HEALTH SERVICES</b>		TITLE:	
ADDRESS: <b>17844 EAST 23RD STREET</b>			
CITY: <b>INDEPENDENCE</b>		STATE: <b>MO</b>	ZIP: <b>64057</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/30/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>NIKKI STRONG</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>PREFERRED FAMILY HEALTH</b>		TITLE:	
ADDRESS: <b>213 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/30/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>WESLEY SUTTON</b>		PHONE NUMBER: <b>573-508-4832</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI DIVISION OF PROFESSIONAL REGISTRATION</b>		TITLE: <b>LEGISLATIVE DIRECTOR</b>	
ADDRESS: <b>3605 MISSOURI BOULEVARD</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/30/2024 12:00 AM</b>	
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