



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1298		DATE: 3/4/2025	
COMMITTEE: Special Committee on Urban Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: AISLINN MCCARTHY		PHONE NUMBER:	
REPRESENTING: MO ALLIANCE FOR ANIMAL LEG		TITLE:	
ADDRESS: PO BOX 4309			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63123
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: In-Person		SUBMIT DATE: 3/4/2025 11:47 PM

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I am in Support of this Bill and having more eyes out on Missouri Streets and in our Communities as "Mandated Reporters" of abuse and Neglect situations.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ASHLEY STANLEY		PHONE NUMBER: 816-986-4428	
BUSINESS/ORGANIZATION NAME: WAYSIDE WAIFS		TITLE: DIR. OF COMMUNITY EDUCATION AND OUTREACH	
ADDRESS: 3901 MARTHA TRUMAN RD			
CITY: KANSAS CITY		STATE: MO	ZIP: 64137
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHRIS SCHOEMAN		PHONE NUMBER: 636-541-1928	
BUSINESS/ORGANIZATION NAME: STL COUNTY POLICE		TITLE:	
ADDRESS: 18500 EDISON AVE			
CITY: CHESTERFIELD		STATE: MO	ZIP: 63005
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CLAIRE WYATT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/4/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CODY ATKINSON		PHONE NUMBER: 816-462-3613	
REPRESENTING: HUMANE WORLD FOR ANIMALS		TITLE:	
ADDRESS: 1255 NW 23RD STREET, NW SUITE 450			
CITY: WASHINGTON		STATE: DC	ZIP: 20037
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DEVON TARANTINO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/4/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS		TITLE: REGISTERED LOBBYIST	
ADDRESS: PO BOX 1219			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65103
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person		SUBMIT DATE: 3/4/2025 12:02 PM
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The Missouri Chapter of the American Academy of Pediatrics strongly supports efforts to reduce and prevent child abuse.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATTHEW THOMPSON		PHONE NUMBER: 660-537-5234	
REPRESENTING: MISSOURI NETWORK AGAINST CHILD ABUSE		TITLE:	
ADDRESS: 124 E HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: matt@wintonpolicygroup.com	ATTENDANCE: In-Person		SUBMIT DATE: 3/4/2025 12:08 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICHARD MCINTOSH		PHONE NUMBER: 573-257-0078	
REPRESENTING: ANIMAL LEGAL DEFENSE LEG		TITLE:	
ADDRESS: 612 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: 3909 SHERMAN CT			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BARB YORK		PHONE NUMBER: 417-448-9484	
REPRESENTING: MISSOURI ANIMAL HUSBANDRY ASSOC. (MAHA)		TITLE:	
ADDRESS: PO BOX 554			
CITY: ELDON		STATE: MO	ZIP: 65026
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KAREN STRANGE		PHONE NUMBER: 573-480-2389	
REPRESENTING: MISSOURI FEDERATION OF ANIMAL OWNERS		TITLE:	
ADDRESS: PO BOX 554			
CITY: ELDON		STATE: MO	ZIP: 65026
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TONY DUGGER		PHONE NUMBER: 417-259-1915	
REPRESENTING: MO PET BREEDERS ASSOCIATION		TITLE:	
ADDRESS: 730 W. MAIN ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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