

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 409				DATE: 4/8/2025			
COMMITTEE: Children and Families							
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES			
		WITNESS NAME					
BUSINESS/ORG	ANIZATION:						
WITNESS NAME: CHAD PUCKETT				PHONE NUMBER: 660-221-9028			
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOC. OF CHRISTIAN CHILD CARE AGENCIES							
ADDRESS: 24302 MAHIN RD							
CITY: LAMONTE			STATE: MO	ZIP: 65337			
EMAIL:		ATTENDANCE:		SUBMIT DATE: 4/8/2025 12:00 AM			
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.			



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TESTIFYING: IN SUPPORT OF	FOR INFORMA	OR 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: In-Person	SUBMIT DA 4/8/2025	SUBMIT DATE: 4/8/2025 11:47 PM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
I am Very opposed to this Bill. We NEED to Protect all of the Children of Missouri. Any adult who has access or is around children, NEEDS to have a through State and National F.B.I. Background-Check. Do						

access or is around children, NEEDS to have a through State and National F.B.I. Background-Check. Do NOT fall for the Testimony at the Tuesday, April 8th, 2025 Public Hearing before the Committee. Defeat this Bill!



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TESTIFYING:	IN SUPPORT OF	IN OPPOSITION TO	✓ FOR INFORMATIONAL PURPOSES				
WITNESS NAME							
INDIVIDUAL:							
WITNESS NAME: DWALLER			PHONE NU	PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:			
ADDRESS:							
CITY:			STATE:	ZIP:			
EMAIL: coldwater179@outlook.com		ATTENDANCE: Written		SUBMIT DATE: 4/6/2025 7:51 PM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							