



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 58</b>		DATE: <b>2/12/2025</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>In-Person</b>	SUBMIT DATE: <b>2/12/2025 12:19 AM</b>

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

**I am in Favor of this Bill and its intent for Emergency remedies when needed. This Bill allows for Rights and Appeals Process to the State Administrative Hearing Commission for determination, pending the Crimal Charges in County Circuit Court. I Supported this Bill in 2023 and in 2024.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>LYNNE SCHLOSSER</b>		PHONE NUMBER: <b>913-461-8724</b>	
REPRESENTING: <b>MISSOURI CHIROPRACTIC PHYSICIANS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>1521 PEPPERWOOD DR.</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63146</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/12/2025 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>DIVISION OF PROFESSIONAL REGISTRATION</b>		TITLE: <b>DIRECTOR OF BUDGET AND LEGISLATION</b>	
ADDRESS: <b>3605 MISSOURI BLVD</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/12/2025 12:00 AM</b>	
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