



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 764		DATE: 2/26/2025	
COMMITTEE: Professional Registration and Licensing			
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. AC "HONEST-ABE" DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/26/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHAD PICKETT		PHONE NUMBER: 660-221-9028	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF CHRISTIAN CHILDCARE AGENCIES		TITLE: PRESIDENT	
ADDRESS: 24302 MAHIN RD			
CITY: LAMONTE		STATE: MO	ZIP: 65337
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DENICE BLEW		PHONE NUMBER: 573-588-2191	
BUSINESS/ORGANIZATION NAME: SHILOH CHRISTIAN CHILDREN's RANCH		TITLE: FORMER HOMEPARENT; CHILDREN'S SERVICES COORDINATOR	
ADDRESS: 601 N. CENTER			
CITY: SHELBINA		STATE: MO	ZIP: 63468
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATRINA WOODS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MARK ADKISON		PHONE NUMBER: 573-588-2191	
BUSINESS/ORGANIZATION NAME: SHILOH CHRISTIAN CHILDREN's RANCH		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 601 N. CENTER			
CITY: SHELBINA		STATE: MO	ZIP: 63468
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAELA NEWELL		PHONE NUMBER: 402-990-6567	
BUSINESS/ORGANIZATION NAME: ST. NICHOLAS ACADEMY		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1310 EDGEWOOD DR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: CHILDREN's TRUST FUND		TITLE:	
ADDRESS: P.O. BOX 1905			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JESSICA SEITZ		PHONE NUMBER: 573-415-6228	
BUSINESS/ORGANIZATION NAME: MISSOURI NETWORK AGAINST CHILD ABUSE		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 520 DIX ROAD, SUITE C			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ADAM ALBACH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: DEPT. SOCIAL SERVICES		TITLE:	
ADDRESS:			
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