



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 766</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>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in Support of this Bill on its premise and to ensure that Licensed Professionals are Filing and Paying State Required Income Taxes.**



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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; MO. SOCIETY OF PROFESSIONAL LAND SURVEYORS</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>SAMMY PANETTIERE</b>		PHONE NUMBER: <b>816-988-2004</b>	
REPRESENTING: <b>UNITED WE</b>		TITLE:	
ADDRESS: <b>2100 CENTRAL STREET</b>			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64108</b>
EMAIL: <b>sammy.panettiere@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/12/2025 8:23 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b> Support efforts to reduce burdens on obtaining professional licensing.			



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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:	
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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