



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2957		DATE: 3/4/2026	
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			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRANDON BURK		PHONE NUMBER: 417-380-0871	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY RESPIRATORY CARE		TITLE: DELEGATE	
ADDRESS: 1662 N. KINGFISHER DR.			
CITY: NIXA		STATE: MO	ZIP: 65714
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2957		DATE: 3/4/2026	
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			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KRISTEN ANDERSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY FOR RESPIRATORY CARE		TITLE: PRESIDENT	
ADDRESS: 1858 BOOKBINDER DR.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63146
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2957		DATE: 3/4/2026	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person		SUBMIT DATE: 3/4/2026 11:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			