

BILL NUMBER: HB 1042				DATE: 2/24/2021		
COMMITTEE: Professional Registration and Licensing						
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: AMBER WEBER			PHONE NUME	BER:	•	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:	•	
EMAIL:		ATTENDANCE:	SUBMIT I 2/24/20	DATE: 121 12:00 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.						



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C. AC "HOI	NEST-ABE" DIENOFF-S	TATE PUBLIC ADVO	PHONE NUMB	ER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT D 2/24/20	ATE: 21 12:17 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					

I am in Support of this Change.



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		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: PHONE NUMBER: DEIDRA SAVILLE EVANS						
BUSINESS/ORGANIZATION NAME: TITLE:						
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL:		ATTENDANCE:	SUBMIT I 2/24/20	DATE:)21 12:00 AM		
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610. RSMo.		



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KAITLIN BOWERS	.		PHONE NU	MBER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:		ZIP:
EMAIL:		ATTENDANCE:	SUBMI 2/24/	T DATE: 2021 1	2:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: PHONE NUMBER: MEGAN MELCHERT						
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL:		ATTENDANCE:	SUBMIT D 2/24/20	OATE: 21 12:00 AM		
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BILL NUMBER: HB 1042					TE: 24/2021	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR II	NFORMATIO	ONAL PURPOSES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: PHONE NUMBER: MOLLIE WALLACE						
BUSINESS/ORGANIZATION NAME: TITLE:						
ADDRESS:						
CITY:			STA	ATE:	ZIP:	
			SUBMIT DATE: 2/24/2021			
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