

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1337				DATE: 4/12/2021	
COMMITTEE: General Laws					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		TIONAL PURPOSES	
		WITNESS NAME			
	OBBYIST:				
				PHONE NUMBER: 573-397-1274	
REPRESENTING: KIDS WIN MISSOURI			TITLE: DIRECTOR OF POLICY & ADVOCACY		
ADDRESS: 3250 E HIGHWAY	124				
CITY: HALLSVILLE			STATE: MO	ZIP: 65255	
EMAIL: cstevenson@kids	winmissouri.org	ATTENDANCE: In-Person	SUBMIT D. 4/12/202	ATE: 21 8:31 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
today. We support government regar more kids outside and other organiza our buildings or s meals to kids after	and encourage passag ding CACFP and summe the requirements of lice ations to feed more kids ites for other purposes. r school when they are i	B 1337 before the General e of the bill.This past year, er meals has allowed Ys ar ensed programs. This bill y into the future, especially What this bill will do is giv not enrolled in a program.	, the waivers iss nd other organiz will provide opp when these yo ve Ys greater fle For example, th	sued by the federal zations to feed many ortunities for Ys uth are already in xibility to provide is bill would allow a	

Y to offer meals to kids who are playing basketball after school at the Y or hanging to do homework because the Y is a safe place for them to be. Overall, the goal is to feed more kids, provide greater flexibility for all of us to do that, while still maintaining quality after school programs through the licensing process.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: D. SCOTT PENMAI	N		PHONE NUME 573-690-6	
REPRESENTING: OPERATION FOOL) SEARCH		TITLE:	
ADDRESS: PO BOX 684				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: scott@penman.gro	oup	ATTENDANCE: In-Person	SUBMIT DATE: 4/12/2021 8:06 PM	
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: KEN HUSSEY		PHONE NUMBER: 573-645-2504		
REPRESENTING: MISSOURI STATE ALLIANCE OF YMCAS			TITLE:	
ADDRESS: PO BOX 104176				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65110
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/12/2021 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT			PHONE NU	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:	
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 4/12/2021 11:58 PM	
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