



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 21		DATE: 4/6/2021	
COMMITTEE: Budget			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JESSICA BAX		PHONE NUMBER: 573-526-3626	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES		TITLE: DIVISION DIRECTOR	
ADDRESS: 912 WILDWOOD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/6/2021 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: KIRK MATHEWS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF SOCIAL SERVICES/MO HEALTHNET		TITLE: ACTING DIVISION DIRECTOR	
ADDRESS: 615 HOWERTON COURT 2ND FLOOR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/6/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARY FOX		PHONE NUMBER: 573-777-9977	
REPRESENTING: MISSOURI STATE PUBLIC DEFENDER		TITLE: DIRECTOR	
ADDRESS: 1000 W NIFONG			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/6/2021 12:00 AM	
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