

BILL NUMBER: HB 430				DATE: 1/12/2021	
COMMITTEE: Children and Famil	lies		•		
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	_
		WITNESS NAME			
REGISTERED LOBBYIST:					
WITNESS NAME: BILL GAMBLE			PHONE NUMB 573-634-48		
REPRESENTING: MISSOURI COALITION OF CHILDREN'S AGENCIES TITLE:					
ADDRESS: 213 EAST CAPITOL AVE					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	_
EMAIL:		ATTENDANCE:	SUBMIT D 1/12/20	OATE: 21 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			
REGISTERED LC	BBYIST:				
WITNESS NAME: JESSICA PETRIE			PHONE NUME 573-635-6		
REPRESENTING: FAMILY FORWARD)		TITLE:		
ADDRESS: PO BOX 1805					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102	
EMAIL:		ATTENDANCE:	SUBMIT I 1/12/20	DATE: 121 12:00 AM	
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: KAYCEE NAIL			PHONE NUME 314-630-5		
REPRESENTING: FOSTERADOPT C	ONNECT		TITLE:		
ADDRESS: PO BOX 684					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT 0 1/12/20	DATE: 21 12:00 AM	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: KELLY SCHULTZ			PHONE NUME 573-522-8		
BUSINESS/ORGANIZATION OFFICE OF CHILD			TITLE: DIRECTO	R	
ADDRESS: TRUMAN BUILDING ROOM 680					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65202	
EMAIL:		ATTENDANCE:	SUBMIT I 1/12/20	DATE: 121 12:00 AM	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: OLIVIA WILSON			PHONE NUMB 573-634-48		
REPRESENTING: FOSTER & ADOPT	IVE CARE COALITION	l	TITLE:		
ADDRESS: 213 E. CAPITOL					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102	
EMAIL:		ATTENDANCE:	SUBMIT D 1/12/20	OATE: 21 12:00 AM	
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: WAYNE LEE			PHONE NUMI	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT 1/12/20	DATE: 021 12:00 AM
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: SAMUEL H. LEE			PHONE NUME 314-368-42		
REPRESENTING: CAMPAIGN LIFE N	MISSOURI		TITLE:		
ADDRESS: PO BOX 142585					
CITY: ST. LOUIS			STATE: MO	ZIP: 63114	
EMAIL:		ATTENDANCE:	SUBMIT 0 1/12/20	DATE: 21 12:00 AM	
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