



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 865		DATE: 2/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CRAIG STEVENSON		PHONE NUMBER: 573-397-1274	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: 1 CAMPBELL PLAZA, SUITE 101			
CITY: ST. LOUIS		STATE: MO	ZIP: 63139
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LINDA RALLO		PHONE NUMBER: 314-330-8442	
REPRESENTING: ALIGNED		TITLE:	
ADDRESS: 450 CONWAY VILLAGE DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63141
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF (STATE PUBLIC ADVOCATE)		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ArnieDienoff@Yahoo.Com	ATTENDANCE: Written		SUBMIT DATE: 2/3/2021 12:00 AM

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We do not need another Taxing Authority and Police Subdivision, when we have an Established School District.