



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 1		DATE: 6/29/2021	
COMMITTEE: Budget			
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: ANGIE POSTAL		PHONE NUMBER: 314-531-7526	
REPRESENTING: ADVOCATES OF PLANNED PARENTHOOD OF THE ST LOUIS REGION AND SW MO		TITLE:	
ADDRESS: 4251 FOREST PARK AVE			
CITY: ST LOUIS		STATE: MO	ZIP: 63108
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: 6/29/2021 11:59 PM

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I Fully Support this Bill. It Creates a three (3) Year F.R.A. until September-2024. The Bill Prohibits NO Inducing Abortion Drugs and will ensure that NO Public Funds will be used on Abortion Services. We Need to ensure the F.R.A. Tax from Hospitals and Nursing Facilities. The Legislature NEEDS to make this decision and NOT Allow the Governor to make Deep Cuts to Educations, Transportation and the Children of Our State. We as State Government NEED to STOP the FREE Giveaway of Tax Credits!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ASHLEY ALEXANDER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID JACKSON		PHONE NUMBER:	
REPRESENTING: MO AMBULATORY SURGICAL CENTER ASSOCIATION, FOSTER ADOPTIVE CARE COALITION		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HENRIO THELEMAQUE		PHONE NUMBER: 678-799-4815	
REPRESENTING: MO PHARMACY ASSOC, MO RETAILERS ASSOC		TITLE:	
ADDRESS: PO BOX 2303			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JENNIFER BERNSTEIN		PHONE NUMBER: 314-993-5181	
BUSINESS/ORGANIZATION NAME: NATIONAL COUNCIL OF JEWISH WOMEN ST LOUIS		TITLE:	
ADDRESS: 295 N LINDBERGH BLVD			
CITY: ST LOUIS		STATE: MO	ZIP: 63141
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER:	
REPRESENTING: FIRE SERVICE ALLIANCE		TITLE:	
ADDRESS: 213 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093	
REPRESENTING: SSM HEALTH		TITLE:	
ADDRESS: 10101 WOODFIELD			
CITY: ST LOUIS		STATE: MO	ZIP: 63132
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KELLY GORMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KENNEDY MOORE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MAGGIE EDMONDSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MALLORY SCHWARZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 6/29/2021 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHELLE TRUPIANO		PHONE NUMBER: 314-805-8429	
BUSINESS/ORGANIZATION NAME: MISSOURI FAMILY HEALTH COUNCIL		TITLE: ED	
ADDRESS: 1909 SOUTHRIDGE DR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-893-2060	
REPRESENTING: MO HEALTH CARE ASSN		TITLE:	
ADDRESS: 236 METRO DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 6/29/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROSS LIEN		PHONE NUMBER: 701-202-8214	
REPRESENTING: MO CHAMBER OF COMMERCE		TITLE:	
ADDRESS: 428 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SUSAN KLEIN		PHONE NUMBER: 573-635-5110	
REPRESENTING: MISSOURI RIGHT TO LIFE		TITLE:	
ADDRESS: PO BOX 651			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: THERESE SANDER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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