



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 330		DATE: 4/21/2021	
COMMITTEE: Professional Registration and Licensing			
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: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: jessica@wintonpolicygroup.com	ATTENDANCE: In-Person		SUBMIT DATE: 4/21/2021 8:58 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MISSOURI OCCUPATIONAL THERAPY ASSOCIATION, MISSOURI NURSES ASSOCIATION		TITLE:	
ADDRESS: PO BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NANCY GIDDENS		PHONE NUMBER: 573-230-6203	
REPRESENTING: UNITED WE		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/21/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 4/21/2021 2:01 AM

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I am Opposed to this Bill. This is bad Public Policy and allows "Bad-Actors" to escape review and Background Checks.