



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 683		DATE: 4/28/2022	
COMMITTEE: Judiciary			
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: JACK GAMBLE		PHONE NUMBER: 573-821-5225	
REPRESENTING: MISSOURI COALITION FOR CHILDREN		TITLE: LOBBYIST	
ADDRESS: 27 N GRACE LN, 102			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL: jack@molobby.com	ATTENDANCE: Written		SUBMIT DATE: 4/28/2022 8:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACK GAMBLE		PHONE NUMBER: 573-821-5225	
REPRESENTING: MISSOURI STATE ALLIANCE OF YMCAS		TITLE: LOBBYIST	
ADDRESS: 27 N GRACE LN, 102			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL: jack@molobby.com	ATTENDANCE: Written		SUBMIT DATE: 4/28/2022 8:42 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6072	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: P.O. BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/28/2022 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MISSOURI PARKS & RECREATION ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/28/2022 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: 4/28/2022 12:07 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am Opposed to this Bill With So Many Issues Crammed into One (1) Bill. There are Great Sections and there are bad Sections. This is a Large Bill that Needs Broken Down and Each Segment NEEDS to be Voted on Separately. Defeat This Bill.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/27/2022 5:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

“This act provides that neither the Department of Corrections, nor the program, shall be subject to regulation, licensing, or oversight by the Department of Health and Senior Services, Department of Social Services, Children's Division, juvenile officer of any jurisdiction, or Office of Childhood unless the Department of Corrections agrees to voluntary regulation, licensing, or oversight” is one dangerous provision. Let's not take chances like that with babies.