



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 982</b>		DATE: <b>4/12/2022</b>	
COMMITTEE: <b>Special Committee on Public Policy</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>CRAIG STEVENSON</b>		PHONE NUMBER: <b>573-397-1274</b>	
REPRESENTING: <b>KIDS WIN MISSOURI</b>		TITLE:	
ADDRESS: <b>814 BERGQUEST DRIVE</b>			
CITY: <b>BALLWIN</b>		STATE: <b>MO</b>	ZIP: <b>63011</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/12/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JESSICA PETRIE</b>		PHONE NUMBER: <b>573-635-6092</b>	
REPRESENTING: <b>CHILDREN's TRUST FUND</b>		TITLE:	
ADDRESS: <b>PO BOX 1805</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/12/2022 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MORGAN ATWOOD</b>		PHONE NUMBER: <b>573-508-4820</b>	
BUSINESS/ORGANIZATION NAME: <b>DEPARTMENT OF ELEMENTARY &amp; SECONDARY EDUCATION</b>		TITLE: <b>LEGAL COUNSEL &amp; LEGISLATIVE LIAISON</b>	
ADDRESS: <b>201 JEFFERSON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/12/2022 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>SARAH TOPP</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI STATE ALLIANCE OF YMCA's &amp; MISSOURI COALITION FOR CHILDREN</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/12/2022 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>4/12/2022 11:46 PM</b>

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**I am Opposed to this Bill. Child Care Licensing Shall Remain and Stay in the Department of Public Health and the Department of Social Services.**