

BILL NUMBER: HB 488			DATE: 3/27/2023
COMMITTEE: Health Policy			•
TESTIFYING: VIN SUPPORT	T OF IN OPPOSITION T	O □FOR INFORM	NATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: AISLINN MCCARTHY-SINCLAIR		PHONE NUM 707-494- 9	
REPRESENTING: MISSOURI ALLIANCE FOR ANIMA	L LEGISLATION	TITLE:	
ADDRESS: PO BOX 4309			
CITY: ST. LOUIS		STATE: MO	ZIP: 63123
EMAIL:	ATTENDANCE:	SUBMIT 3/27/2	DATE: 023 12:00 AM
THE INFORMATION ON THIS	FORM IS PUBLIC REC	ORD UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 488			DATE: 3/27/2023
COMMITTEE: Health and Mental Health Policy		•	
TESTIFYING:	☐ IN OPPOSITION TO ☐ F	OR INFORMA	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: GREG CAMPBELL		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gcampbell@hammondshinners.com	ATTENDANCE: Written	SUBMIT D 3/26/20	ATE: 23 12:12 PM
THE INFORMATION ON THIS FORM	LIS PUBLIC RECORD UN	IDER CHAI	PTFR 610, RSMo.

This bill will help reduce the population of rescue animals in shelters and help them find permanent homes.



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JASON HOWE			PHONE NUME 573-338-9	
BUSINESS/ORGANIZATIO K9'S ON THE FROI			TITLE:	
ADDRESS: 3157 HIGHWAY W				
CITY: BONNOTS MILL			STATE: MO	ZIP: 65016
EMAIL:		ATTENDANCE:	SUBMIT 0 3/27/20	DATE: 123 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 488				DAT 3/2	E: 7/2023
COMMITTEE: Health and Mental	Health Policy			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	ORMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JUDITH A CAMPB	ELL		PHONE	NUMBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: jacampbell314@gi	mail.com	ATTENDANCE: Written		BMIT DATE: 27/2023 10	D:20 AM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER O	CHAPTE	R 610. RSMo.

I support HB 488 which authorizes a tax credit to offset fees from the adoption of rescue animals. All animal lovers should be behind this bill. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

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COMMITTEE: Health and Mental	Health Policy				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: PATTI GREEN			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: patti.aos@sbcglol	bal.net	ATTENDANCE: Written	SUBMIT I 3/25/20	DATE: 123 6:34 PM	
THE INFORMA	TION ON THIS FOR	MIS PUBLIC PECOP	D LINDED CHY	DTED 610 PSMo	

As an adoptive pet parent, I cannot stress the importance of making it easier to help people adopt. There are many lonely seniors in the community whose lives would be brightened and improved by having a fur baby in their home. Pets give folks a reason to get up and be active. It improves your life mentally and physically. Just going for a walk with your pet improves your attitude and health. Please adopt this bill.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SUSAN GIBSON			PHONE NUM	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: Onesuegibson@p	rotonmail.com	ATTENDANCE: Written	SUBMIT 3/25/2	DATE: 2023 9:58 AM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CH	APTER 610. RSMo.



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES"	T-ABE" DIENOFF-STA	TE PUBLIC ADVOCATE	PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT D 3/27/20	OATE: 23 10:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I am Opposed to this Tax Credit! Missourians should Adopt Pets out of the kindness of their own and make the correct decision. Missouri does NOT need a Bonus or Incentive to do the Moral and Correct thing.



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED L	OBBYIST:				
WITNESS NAME: BARB YORK			PHONE NUMB 417-448-94		-
REPRESENTING: MISSOURI ANIMA	L HUSBANDRY ASSOCI	ATION	TITLE:		
ADDRESS: P.O. BOX 554					
CITY: ELDON			STATE: MO	ZIP: 65026	
EMAIL:		ATTENDANCE:	SUBMIT D. 3/27/202	ATE: 23 12:00 AM	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHAI	PTER 610, RSMo.	



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TESTIFYING:	☐IN SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: KAREN STRANGE			PHONE NUME 573-480-2	
REPRESENTING: MISSOURI FEDER.	ATION OF ANIMAL OV	VENERS	TITLE:	
ADDRESS: P.O. BOX 554				
CITY: ELDON			STATE: MO	ZIP: 65026
EMAIL:		ATTENDANCE:	SUBMIT [3/27/20	DATE: 123 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.