



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 715		DATE: 2/14/2023	
COMMITTEE: Children and Families			
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: DAVID WINTON		PHONE NUMBER:	
REPRESENTING: EPWORTH CHILDREN'S CENTER		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/14/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: MARY CHANT		PHONE NUMBER: 573-303-6765
BUSINESS/ORGANIZATION NAME: MISSOURI COALITION FOR CHILDREN		TITLE: CEO
ADDRESS: 213 EAST CAPITOL AVENUE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL: mchant@mocoalitionforchildren.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/14/2023 8:07 AM

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The cost of educating children in care should be appropriately funded to ensure children's education does not suffer during important treatment.



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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: 2/14/2023 11:10 PM
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I am Opposed to this Bill. This is a "Shell Game" of Tax Dollars. The State is covering and taking care of Educational Costs and Providing Instruction.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: WILLIAM GAMBLE		PHONE NUMBER: 573-634-4876
REPRESENTING: SPECIAL SCHOOL DISTRICT		TITLE:
ADDRESS: PO BOX 1865		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/14/2023 12:00 AM
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