



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |
|--|-------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |             | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</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>BUSINESS/ORGANIZATION:</b>  |             |   |
| WITNESS NAME:<br><b>ALEXANDER R. VIVAS</b>   |             | PHONE NUMBER:<br><b>816-896-9931</b>      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI STATE HIGHWAY PATROL</b>  |             | TITLE:<br><b>LIEUTENANT</b>               |
| ADDRESS:<br><b>1510 EAST ELM STREET</b>  |             |   |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>65101</b>                      |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/22/2024 12:00 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</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>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 12:34 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

I am in Support of this Bill on its face. The Requirement to obtain "Finger-Prints" from all professionals and Required State Licenses for certain Professionals that touch people, have interaction in people lives, sell liquor or have Contact with Children or Vulnerable people, the Financial Trades, Auditing and other. I have some Reservations about the Constitutionally and the Personal Individual Rights.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |                      |
|--|-------------|---|----------------------|
| BILL NUMBER:<br><b>HB 1800</b>   |             | DATE:<br><b>2/22/2024</b>                 |                      |
| COMMITTEE:<br><b>Professional Registration and Licensing</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>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>WESLEY SUTTON</b>  |             | PHONE NUMBER:<br><b>573-526-6071</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI DIVISION OF PROFESSIONAL REGISTRATION</b>   |             | TITLE:<br><b>LEGISLATIVE DIRECTOR</b>     |                      |
| ADDRESS:<br><b>3605 MISSOURI BOULEVARD</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/22/2024 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>BRENDA S.HOOFER</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:                  ZIP:              |
| EMAIL:<br><b>brenda.hopfer55@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:47 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

**I do NOT want my fingerprints forwarded to the FBI**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>DANA BUTLER</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>butlerfd@hotmail.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:11 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |  |
|--|-------------------------------|--|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |
| <b>WITNESS NAME</b>  |                               |  |
| <b>INDIVIDUAL:</b>   |                               |  |
| WITNESS NAME:<br><b>JEAN OLIVER</b>  |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:  |                               | STATE:      ZIP:                         |
| EMAIL:<br><b>pdjkoliver@aol.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 6:40 PM</b> |

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

**Concerns for privacy and protection of personal data are not adequately addressed. Third party users, employers access are of concern and the expansion of this requirement.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>JENNIFER BARKER</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>hellojenhere@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:04 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>JENNIFER BOUCKAERT</b>   |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>jbouck@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:33 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>KENNETH BRANDT</b>   |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>camarotech@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:22 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

**This is a violation of our right to privacy. I do not want my personal identifiable information accessible in this way. There are too many instances in which data may be compromised.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |  |   |
|--|--|---|
| BILL NUMBER:<br><b>HB 1800</b>   |  | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |  |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |  |   |
| <b>WITNESS NAME</b>  |  |   |
| <b>REGISTERED LOBBYIST:</b>  |  |   |
| WITNESS NAME:<br><b>LISA PANNETT</b>   |  | PHONE NUMBER:                             |
| REPRESENTING:<br><b>ARMORVINE</b>  |  | TITLE:                                    |
| ADDRESS:   |  |   |
| CITY:  |  | STATE:<br><b>MO</b>                       |
| EMAIL:   |  | ZIP:                                      |
| ATTENDANCE:  |  | SUBMIT DATE:<br><b>2/22/2024 12:00 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |  |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>LORI BOURGEOIS</b>   |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:                  ZIP:              |
| EMAIL:<br><b>lbourgeois32@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:13 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>MELISSA THOMAS</b>   |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>Casscentralchair@proton.me</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:50 PM</b> |

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

**My fingerprints are unique and are private to meMy profession should not be restricted or depend on me being fingerprinted like a common criminal**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |  |                               |   |
|--|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |  | DATE:<br><b>2/22/2024</b>     |   |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |  |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |  |                               |   |
| <b>WITNESS NAME</b>  |  |                               |   |
| <b>INDIVIDUAL:</b>   |  |                               |   |
| WITNESS NAME:<br><b>MICHAEL</b>  |  | PHONE NUMBER:                 |   |
| BUSINESS/ORGANIZATION NAME:  |  | TITLE:                        |   |
| ADDRESS:   |  |                               |   |
| CITY:  |  | STATE:                        | ZIP:                                      |
| EMAIL:<br><b>MichaelWesten.3up@protonmail.com</b>  |  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:27 PM</b> |

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

I OPPOSE HB 1800 as originally drafted. Who will ensure our Right to Privacy when it comes to our Personally Identifiable Information? At first it's just our fingerprints, then it may lead to other personal biometrics, such as iris scans or voice data. What protocols are in place to protect our data? Who else has access to our data besides Highway Patrol & the FBI? Given the fact technology is rife with those who may have malicious intent for one's personal data, why create more opportunities for said data to be breached? Where do the rights of law-abiding citizens begin and end? Many do not feel comfortable having their personal identifiable information readily accessible to potential employers or unvetted, third parties. It poses a significant risk for security breaches and/or identity theft.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |  |
|--|-------------------------------|--|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |
| <b>WITNESS NAME</b>  |                               |  |
| <b>INDIVIDUAL:</b>   |                               |  |
| WITNESS NAME:<br><b>MICHELLE BRANDT</b>  |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:  |                               | STATE:      ZIP:                         |
| EMAIL:<br><b>michelle.brandt421@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 8:49 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |

Where do the rights of law-abiding citizens begin and end? I do not feel comfortable having my personal identifiable information readily accessible to potential employers or unvetted, third parties. It poses a significant risk for security breaches and/or identity theft. What guarantees do we have that other biometric data won't be required in addition to fingerprints in the near future? I do not want my right to privacy infringed upon and this bill opens the door for this to happen.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |  |
|--|-------------------------------|--|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |
| <b>WITNESS NAME</b>  |                               |  |
| <b>INDIVIDUAL:</b>   |                               |  |
| WITNESS NAME:<br><b>PAMELA J DAWSON</b>  |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:  |                               | STATE:                  ZIP:             |
| EMAIL:<br><b>pameladawson637@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 8:40 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |

Leave our second amendment alone



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>REBECCA WHITE</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>jc_1me@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:25 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

**Vote NO to using fingerprints and biometrics. It is well known that personal identifiers have their data sold, stolen, exchanged, for tracking without a persons permission. Vote NO. People should have the right to say NO to fingerprint and biometric requirements.**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>STEPHANIE RICKERT</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>steffilyn_81@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:54 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

**Why is this needed? Huge overstep!!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>TONI CRAWFORD</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:                  ZIP:              |
| EMAIL:<br><b>toni.lifeskills1stacademy@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:06 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

**This should not be passed.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1800</b>   |                               | DATE:<br><b>2/22/2024</b>                 |
| COMMITTEE:<br><b>Professional Registration and Licensing</b>   |                               |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>ZACH BRANDT</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>zbrandt0963@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/22/2024 11:19 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

I don't want my data to be breached