



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2227		DATE: 1/24/2024	
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			
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: 1/24/2024 11:41 PM

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

I am in Support of this Bill and making sure that if the Child is Eligible for Social Security, Railroad or other Benefits, that the child receives them. This Bill makes sense and shall be applied within the Division.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MADISON EACRET		PHONE NUMBER: 314-882-1007	
REPRESENTING: FOSTER ADOPT CONNECT		TITLE:	
ADDRESS: 124 E. HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARY CHANT		PHONE NUMBER: 573-303-6765	
REPRESENTING: MISSOURI COALITION FOR CHILDREN		TITLE:	
ADDRESS: 213 E. CAPITOL AVENUE, SUITE 101			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE: DIRECTOR OF POLICY AND ADVOCACY	
ADDRESS: 3909 SHERMAN CT			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL: rschelp@kidswinmissouri.org	ATTENDANCE: Written		SUBMIT DATE: 1/24/2024 10:11 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TASHAYLA PERSON		PHONE NUMBER: 913-302-3098	
REPRESENTING: CATALYST		TITLE:	
ADDRESS:			
CITY: KANSAS CITY		STATE: MO	ZIP: 66185
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KERRAH WILLIAMS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kerrahwill93@gmail.com	ATTENDANCE: In-Person		SUBMIT DATE: 1/24/2024 6:20 PM

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NO! Dedund CPS! Broken and corrupt organization!!!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LESLIE FOGARTY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Zonked66@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/22/2024 7:00 PM

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

Children are parents' PROPERTY and is under unalienable rights which means government has NO JURISDICTION.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SHARIE HAHN		PHONE NUMBER: 573-751-3229	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF SOCIAL SERVICES		TITLE: GENERAL COUNSEL	
ADDRESS: 221 WEST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TAYLOR JONES		PHONE NUMBER: 573-751-1330	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF SOCIAL SERVICES		TITLE:	
ADDRESS: 221 W. HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2024 12:00 AM	
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