



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 486</b>		DATE: <b>1/28/2025</b>	
COMMITTEE: <b>Children and Families</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: <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>1/28/2025 11:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JASON WHITE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>1/28/2025 12:00 AM</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>FAMILYFORWARD, KIDSWIN MISSOURI, JEWISH FEDERATION OF ST. LOUIS, NATIONAL ASSOCIATION OF SOCIAL WORKERS MO CHAPTER</b>		TITLE:	
ADDRESS: <b>PO BOX 1805</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>jessica@wintonpolicygroup.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>1/28/2025 9:08 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MADISON EACRET</b>		PHONE NUMBER: <b>314-882-1007</b>	
REPRESENTING: <b>FOSTER ADOPT CONNECT</b>		TITLE:	
ADDRESS:			
CITY: <b>INDEPENDENCE</b>		STATE: <b>MO</b>	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/28/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MARY CHANT</b>		PHONE NUMBER: <b>573-303-6765</b>	
REPRESENTING: <b>MO COALITION FOR CHILDREN</b>		TITLE:	
ADDRESS: <b>213 E CAPITOL AVE STE 101</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/28/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MICHAEL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>libertytree.cottage976@passinbox.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/28/2025 9:35 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>I SUPPORT HB 486 as originally filed.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SUSAN GIBSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>Onesuegibson@protonmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>1/26/2025 12:17 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KELLY OTT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>kellycupcake007@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>1/28/2025 7:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**I oppose this bill**