



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 429		DATE: 1/12/2021	
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: BILL GAMBLE		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI COALITION OF CHILDRENS AGENCIES		TITLE:	
ADDRESS: 213 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/12/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: FAMILY FORWARD		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/12/2021 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KAYCEE NAIL		PHONE NUMBER: 314-630-5709
REPRESENTING: FOSTERADOPT CONNECT		TITLE:
ADDRESS: PO BOX 684		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/12/2021 12:00 AM
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: KELLY SCHULTZ		PHONE NUMBER: 573-522-8686
BUSINESS/ORGANIZATION NAME: OFFICE OF CHILD ADVOCATE		TITLE: DIRECTOR
ADDRESS: TRUMAN BUILDING ROOM 680		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65202
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/12/2021 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: OLIVIA WILSON		PHONE NUMBER: 573-634-4876	
REPRESENTING: FOSTER AND ADOPTIVE CARE COALITION		TITLE:	
ADDRESS: 213 EAST CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WAYNE LEE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/12/2021 12:00 AM	
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