



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 32		DATE: 1/27/2021	
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			
INDIVIDUAL:			
WITNESS NAME: ALICIA UNVERFERTH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ART PISTARIO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CATHY WAGNER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CRAIG LUETKEMEYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DEBORAH A. GEORGE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAMIE LUETKEMEYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JEAN LESSLY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JESSICA STULTZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MONA SHUCK		PHONE NUMBER: 573-489-7275	
BUSINESS/ORGANIZATION NAME: NOAH's ARK DAYCARE		TITLE: OWNER	
ADDRESS: 8180 W. PLAINVIEW DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP: 65202
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RANDA HOTOP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: REBECCA (BECKY) OTTO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH VINCENT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHERRY SHIVE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CRAIG STEVENSON		PHONE NUMBER: 573-397-1274	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: 1 CAMPBELL PLAZA SUITE 101			
CITY: ST. LOUIS		STATE: MO	ZIP: 63139
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: EMILY VAN SCHENKHOF		PHONE NUMBER: 573-826-0031	
REPRESENTING: CHILDREN'S TRUST FUND		TITLE:	
ADDRESS: 301 WEST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65251
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER AMERICAN ACADEMY OF PEDIATRICS		TITLE:	
ADDRESS: PO BOX 1219			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092
REPRESENTING: BJC HEALTHCARE CHILDREN's HOSPITAL		TITLE:
ADDRESS: PO BOX 1805		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA SEITZ		PHONE NUMBER: 573-415-6228	
REPRESENTING: MISSOURI KIDS FIRST (AKA) MISSOURI NETWORK OF CHILD ADVOCACY CENTERS		TITLE:	
ADDRESS: 520 DIX ROAD, SUITE C			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KYLEE M. STROUGH		PHONE NUMBER: 816-364-2381	
BUSINESS/ORGANIZATION NAME: UNITED WAY OF GREATER ST. JOSEPH		TITLE: PRESIDENT	
ADDRESS: 118 S. 5TH STREET			
CITY: ST. JOSEPH		STATE: MO	ZIP: 64501
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: ROBIN PHILLIPS		PHONE NUMBER: 314-754-1605
BUSINESS/ORGANIZATION NAME: CHILD CARE AWARE OF MISSOURI		TITLE: CEO
ADDRESS: 1000 EXECUTIVE PARKWAY DRIVE, SUITE 103		
CITY: ST. LOUIS		STATE: MO
		ZIP: 63141
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHELLEY BLECHA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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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: DIECTOR	
ADDRESS: TRUMAN BUILDING ROOM 680			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65202
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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