

**WITNESS APPEARANCE FORM**

SENATE  
 HOUSE

Date 20-Feb-18

Committee Insurance and Banking

Bill No. SB 879

Name of Witness: Susan Klein

Address of Witness:

(HOME) (PHONE)

PO Box 651 573-635-5110  
(BUSINESS) (PHONE)

Jefferson City, MO 65102

Speaking (Please Check One) For X Against \_\_\_\_\_ For Information Only \_\_\_\_\_

Governmental Agency, Person, Business, Lobbyist, or Organization, if any, on whose behalf I am appearing:

Missouri Right to Life

If written testimony is not provided, please summarize very briefly the testimony to be presented.  
Please attach a copy of a written statement if one is available.

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