



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 392		DATE: 1/26/2021	
COMMITTEE: Special Committee on Small Business			
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: DAVID OVERFELT		PHONE NUMBER: 573-636-2524	
REPRESENTING: MISSOURI RETAILERS ASSOCIATION		TITLE:	
ADDRESS: 618 EAST CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CLAY GODDARD		PHONE NUMBER: 417-869-1655	
BUSINESS/ORGANIZATION NAME: MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE		TITLE:	
ADDRESS: 227 EAST CHESTNUT EXPRESSWAY			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65802
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: GEORGANNE SYLER		PHONE NUMBER: 573-335-7846
BUSINESS/ORGANIZATION NAME: CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER		TITLE:
ADDRESS: 1121 LINDEN		
CITY: CAPE GIRARDEAU		STATE: MO
		ZIP: 63702
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MIKE HERBERT		PHONE NUMBER: 573-369-2359	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCY		TITLE:	
ADDRESS: 2125 HIGHWAY 52			
CITY: TUSCUMBIA		STATE: MO	ZIP: 65080
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MIKE HERBERT		PHONE NUMBER: 573-369-2359	
BUSINESS/ORGANIZATION NAME: MILLER COUNTY HEALTH CENTER		TITLE:	
ADDRESS: 2125 HIGHWAY 52			
CITY: TUSCUMBIA		STATE: MO	ZIP: 65080
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SARAH MICHAELS, DO		PHONE NUMBER: 573-635-0830	
BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:	
ADDRESS: 722 WEST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANTEL DOOLING		PHONE NUMBER: 573-353-3828
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:
ADDRESS: 113 MADISON STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: TODD SHAFFER, MD		PHONE NUMBER: 573-635-0830
BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:
ADDRESS: 722 WEST HIGH STREET		
CITY: JEFFERSON CITY		STATE: MO
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: OTTO FAJEN		PHONE NUMBER: 573-634-3202
REPRESENTING: MISSOURI NATIONAL EDUCATION ASSOCIATION		TITLE:
ADDRESS: 1810 EAST ELM STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
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