

## MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: <b>HB 457</b>				DATE: <b>1/26/2021</b>		
COMMITTEE: Public Safety						
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES		
		WITNESS NAME				
REGISTERED LO	OBBYIST:					
WITNESS NAME: JENNIFER L. CARTER DOCHLER			PHONE NUMBER: <b>573-356-4109</b>			
REPRESENTING: MISSOURI COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE			TITLE:			
ADDRESS: 217 OSCAR DRIVE	, SUITE A					
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMo						



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		WITNESS NAME						
REGISTERED LOBBYIST:								
WITNESS NAME: SHARON GEUEA JONES				PHONE NUMBER: <b>573-808-2156</b>				
REPRESENTING: MISSOURI STATE CONFERENCE OF NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE			OR TITLE:					
ADDRESS: P O BOX 104221								
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65110</b>				
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM					
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