



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 572</b>		DATE: <b>1/26/2021</b>	
COMMITTEE: <b>Special Committee on Small Business</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID OVERFELT</b>		PHONE NUMBER: <b>573-636-2524</b>	
REPRESENTING: <b>MISSOURI RETAILERS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>618 EAST CAPITOL</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/26/2021 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>TYLER NITCSHE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>1/26/2021 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CLAY GODDARD</b>		PHONE NUMBER: <b>417-869-1655</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE</b>		TITLE:	
ADDRESS: <b>227 EAST CHESTNUT EXPRESSWAY</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65802</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>GEORGANNE SYLER</b>		PHONE NUMBER: <b>573-335-7846</b>	
BUSINESS/ORGANIZATION NAME: <b>CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER</b>		TITLE:	
ADDRESS: <b>1121 LINDEN</b>			
CITY: <b>CAPE GIRARDEAU</b>		STATE: <b>MO</b>	ZIP: <b>63702</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MIKE HERBERT</b>		PHONE NUMBER: <b>573-369-2359</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCY</b>		TITLE:	
ADDRESS: <b>2125 HIGHWAY 52</b>			
CITY: <b>TUSCUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65080</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/26/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MIKE HERBERT</b>		PHONE NUMBER: <b>573-369-2359</b>	
BUSINESS/ORGANIZATION NAME: <b>MILLER COUNTY HEALTH CENTER</b>		TITLE:	
ADDRESS: <b>2125 HIGHWAY 52</b>			
CITY: <b>TUSCUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65080</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>SARAH MICHAELS, DO</b>		PHONE NUMBER: <b>573-635-0830</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>722 WEST HIGH STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/26/2021 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TODD SHAFFER, MD</b>		PHONE NUMBER: <b>573-635-0830</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>722 WEST HIGH STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>OTTO FAJEN</b>		PHONE NUMBER: <b>573-634-3202</b>	
REPRESENTING: <b>MISSOURI NATIONAL EDUCATION ASSOCIATION</b>		TITLE:	
ADDRESS: <b>1810 EAST ELM STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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