

BILL NUMBER: HB 574				DATE: 1/26/2021
COMMITTEE: Agriculture Policy			·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: BARB YORK			PHONE NUME 417-448-94	
REPRESENTING: MISSOURI ANIMAI	L HUSBANDRY ASSOC	CIATION	TITLE:	
ADDRESS: PO BOX 554				
CITY: ELDON			STATE: MO	ZIP: 65026
EMAIL:		ATTENDANCE:	SUBMIT D 1/26/20	OATE: 21 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BEN TRAVLOS			PHONE NUME 573-893-4	
REPRESENTING: TITLE: MISSOURI CORN GROWERS ASSOCIATION				
ADDRESS: 3118 EMERALD LANE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: BJ TANKSLEY			PHONE NUME 573-893-1 4	
BUSINESS/ORGANIZATIO MISSOURI FARM E			TITLE:	
ADDRESS: 701 COUNTRY CLUB DRIVE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 1/26/20	DATE: 21 12:00 AM
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		WITNESS NAME			
REGISTERED LO	DBBYIST:				
WITNESS NAME: BRENT HEMPHILL			PHONE NUME	BER:	
REPRESENTING: MISSOURI PORK A ASSOCIATION	ASSOCIATION/MISSOL	JRI SOYBEAN	TITLE:		
ADDRESS: PO BOX 156					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102	
EMAIL:		ATTENDANCE:	SUBMIT I 1/26/20	DATE: 121 12:00 AM	
THE INFORMAT	TION ON THIS EOD	M IS DUBLIC PECOP	D LINDED CHA	DTED 610 DSM	



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	WITNESS NAME			
REGISTERED LOBBYIST:				
WITNESS NAME: HEATH CLARKSTON		PHONE NUMB 573-469-41		
REPRESENTING: MISSOURI VETERINARY MEDICAL AS	REPRESENTING: TITLE: MISSOURI VETERINARY MEDICAL ASSOCIATION			
ADDRESS: 314 EAST HIGH STREET				
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101	
EMAIL:	ATTENDANCE:	SUBMIT D 1/26/20	ATE: 21 12:00 AM	
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: JOHN BRYAN			PHONE NUME 761-5610	BER:	
REPRESENTING: MISSOURI POULT	RY FEDERATION		TITLE:		
ADDRESS: 225 EAST CAPITOL AVENUE					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102	
EMAIL:		ATTENDANCE:	SUBMIT 0 1/26/20	DATE: 121 12:00 AM	
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: KAREN STRANGE			PHONE NUMB 573-480-2 3	
REPRESENTING: MISSOURI FEDER	ATION OF ANIMAL OV	VNERS	TITLE:	
ADDRESS: PO BOX 554				
CITY: ELDON			STATE: MO	ZIP: 65026
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: MIKE DEERING			PHONE NUME 573-499-9	
BUSINESS/ORGANIZATION NAME: MISSOURI CATTLEMEN'S ASSOCIATION TITLE: EXECUTIVE DIRECTOR			/E DIRECTOR	
ADDRESS: 2306 BLUFF CREEK DRIVE				
CITY: COLUMBIA			STATE: MO	ZIP: 65201
EMAIL:		ATTENDANCE:	SUBMIT I 1/26/20	DATE: 121 12:00 AM
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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: TONY DUGGER			PHONE NUME 417-259-1 9	
REPRESENTING: MISSOURI PET BR	EEDERS ASSOCIATION	N	TITLE:	
ADDRESS: 730 WEST MAIN				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT 0 1/26/20	DATE: 21 12:00 AM
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BOB BAKER			PHONE NUMB 314-361-3 9	
REPRESENTING: MISSOURI ALLIAN	ICE FOR ANIMAL LEG	ISLATION	TITLE:	
ADDRESS: PO BOX 300036				
CITY: ST. LOUIS			STATE: MO	ZIP: 63130
EMAIL:		ATTENDANCE:	SUBMIT D 1/26/20	OATE: 21 12:00 AM
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		WITNESS NAME		
BUSINESS/ORGAN	IIZATION:			
WITNESS NAME: BRIAN SMITH			PHONE NUME 573-449-1	
BUSINESS/ORGANIZATION N MISSOURI RURAL CF			TITLE: ORGANIZ	ER
ADDRESS: 1906 MONROE STREET				
CITY: COLUMBIA			STATE: MO	ZIP: 65201
EMAIL:		ATTENDANCE:	SUBMIT 0 1/26/20	DATE: 121 12:00 AM
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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: DAWN NICKLAS			PHONE NUMBI 573-619-35	
REPRESENTING: NICKLAS LOBBY			TITLE:	
ADDRESS: PO BOX 2291				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT D. 1/26/202	ATE: 21 12:00 AM
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		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: MICHAEL BERG			PHONE NUME 314-644-1			
REPRESENTING: SIERRA CLUB MISSOURI CHAPTER						
ADDRESS: 2818 SUTTON BOULEVARD						
CITY: SAINT LOUIS			STATE: MO	ZIP: 63143		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM			
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		WITNESS NAME				
REGISTERED LO	DBBYIST:					
WITNESS NAME: WILLIAM MARRS				PHONE NUMBER: 417-848-8561		
REPRESENTING: MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES/MICHAEL HERBERT						
ADDRESS: PO BOX 16811						
CITY: ST. LOUIS			STATE: MO	ZIP: 63105		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM			
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		WITNESS NAME					
BUSINESS/ORG	ANIZATION:						
WITNESS NAME: ELENI BICKELL			PHONE NUMBER: 573-808-7755				
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE			TITLE: DOCTOR				
ADDRESS: 238 EAST HIGH STREET							
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101			
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