

BILL NUMBER: HB 589				DATE: 2/2/2021
COMMITTEE: Agriculture Policy				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: BARB YORK			PHONE NUME 417-448-94	
REPRESENTING: MISSOURI ANIMA	L HUSBANDRY ASSO	CIATION	TITLE:	
ADDRESS: 2195 OAKRIDGE R	OAD			
CITY: MANSFIELD			STATE: MO	ZIP: 65704
EMAIL:		ATTENDANCE:	SUBMIT D 2/2/202	DATE: 1 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: BJ TANKSLEY			PHONE NUME 573-893-1	
REPRESENTING: MISSOURI FARM E	BUREAU		TITLE:	
ADDRESS: 701 SOUTH COUN	TY CLUB DRIVE		· · · ·	
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT [2/2/202	DATE: 21 12:00 AM
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TESTIFYING: VIN SU	PPORT OF 🗌 IN C	OPPOSITION TO		ATIONAL PURPOSES
	WIT	NESS NAME		
REGISTERED LOBBYIST	Γ:			
WITNESS NAME: Heath Clarkston			PHONE NUMB 573-469-42	
REPRESENTING: MISSOURI VETERINARY ME	DICAL ASSOCIATIO	N	TITLE:	
ADDRESS: 314 E. High St.				
CITY: Jefferson City			STATE: MO	ZIP: 65101
EMAIL: heath.clarkston@lgpmconsu		NDANCE: ten	SUBMIT D 2/2/202	DATE: 1 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				
Full support of HB 589				



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		RMATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: Holly Goodin			PHONE N	IUMBER:
BUSINESS/ORGANIZATIO	NN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: hgoodin@carter-waters.com		ATTENDANCE: Written		MIT DATE: 2021 12:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: KAREN STRANGE			PHONE NUME 573-480-2	
REPRESENTING: MISSOURI FEDERA	ATION OF ANIMAL OV	VNERS	TITLE:	
ADDRESS: PO BOX 554				
CITY: ELDON			STATE: MO	ZIP: 65026
EMAIL:		ATTENDANCE:	SUBMIT [2/2/202	DATE: 112:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
BUSINESS/ORG	ANIZATION:					
WITNESS NAME: Missi Ferguson			PHONE NUME 41784998			
BUSINESS/ORGANIZATION MISSOURI HUNTIN	N NAME: I G AND WORKING DO	G ALLIANCE	TITLE: MHWDA E	TITLE: MHWDA Executive Director		
ADDRESS: PO Box 714						
CITY: Willard			STATE: MO	ZIP: 65781		
EMAIL: ATTENDANCE: Written		SUBMIT [2/2/202	DATE: 21 12:00 AM			
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		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: SHANNON COOPE	R		PHONE NUME 660-890-1	
REPRESENTING: MISSOURI CATTLE	MEN'S ASSOCIATION	l	TITLE:	
ADDRESS: 208 MADISON				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT I 2/2/202	DATE: 21 12:00 AM
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COMMITTEE: Agriculture Policy				•	
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ORMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: Stephanie Raney			PHONE	E NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE	:	ZIP:
EMAIL: ATTENDANCE: Written			su 2/	JBMIT DATE: 2/2021 12:	:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: TONY DUGGER			PHONE NUME 417-259-1	
REPRESENTING: MISSOURI PET BR	EEDERS ASSOCIATIO	DN	TITLE:	
ADDRESS: 730 WEST MAIN				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT [2/2/202	DATE: 21 12:00 AM
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TESTIFYING: IN SUPPORT OF	✓ IN OPPOSITION TO		TIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: Andrew Briscoe		PHONE NUMBE 573248913	
REPRESENTING: AMERICAN SOCIETY FOR THE PREVEN ANIMALS	TION OF CRUELTY TO	TITLE:	
ADDRESS:			
CITY: Jefferson City		STATE: MO	ZIP: 65109
EMAIL: Andrew.Briscoe@aspca.org	ATTENDANCE: Written	SUBMIT D/ 2/2/202	ATE: I 12:00 AM
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TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: BOB BAKER			PHONE NUME 314-361-3	
REPRESENTING: MISSOURI ALLIAN	CE FOR ANIMAL LEG	ISLATION	TITLE:	
ADDRESS: PO BOX 300036				
CITY: ST. LOUIS			STATE: MO	ZIP: 63130
EMAIL:		ATTENDANCE:	SUBMIT [2/2/202	DATE: 21 12:00 AM
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TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		FORMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CHARLES ANDY	WITNESS NAME: PHONE NUMBER:				
BUSINESS/ORGANIZATIO	ON NAME:		TITLI	E:	
ADDRESS:	ADDRESS:				
CITY:			STAT	TE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/2/2021 12	:00 AM
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