

BILL NUMBER: HB 85				DA 1/2	TE: 26/2021
COMMITTEE: General Laws					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ALEX SALSMAN			PH	IONE NUMBER:	
BUSINESS/ORGANIZATIC	DN NAME:		TIT	TLE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



BILL NUMBER: HB 85				DATE: 1/26/2021
COMMITTEE: General Laws				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: GINA L. COATS			PHONE NUME 417-224-4	
BUSINESS/ORGANIZATIC			TITLE: OWNER	
ADDRESS: 4625 SOUTH LEAV	WOOD AVENUE			
CITY: SPRINGFIELD			STATE: MO	ZIP: 65810
EMAIL:		ATTENDANCE:	SUBMIT I 1/26/20	DATE: D21 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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COMMITTEE: General Laws					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: HOLLIS OVERALL			PH	IONE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TIT	TLE:	
ADDRESS:			•		
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM
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BILL NUMBER: HB 85				DA ⁻ 1/2	TE: 2 6/2021
COMMITTEE: General Laws				-	
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JIM CONRADY			PH	IONE NUMBER:	
BUSINESS/ORGANIZATIC	DN NAME:		רוד	ſLE:	
ADDRESS:			•		
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR I	INFORMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: LINDA CONRADY			PH	IONE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		רוד	ſLE:	
ADDRESS:			•		
CITY:			ST	ATE:	ZIP:
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: PAUL HAMBY			PF	IONE NUMBER:	
BUSINESS/ORGANIZATIC	DN NAME:		TI	TLE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: PEGGIE CRABRE	E BERRY		Pł	HONE NUMBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TI	TLE:	
ADDRESS:			•		
CITY:			ST	TATE:	ZIP:
EMAIL:		ATTENDANCE:	·	SUBMIT DATE: 1/26/2021 1	2:00 AM
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BILL NUMBER: HB 85				DAT 1/2	E: 6/2021
COMMITTEE: General Laws					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR INFO	RMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ROBERT TITUS			PHONE N	IUMBER:	
BUSINESS/ORGANIZATIC	DN NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:		ZIP:
EMAIL:		ATTENDANCE:	SUBI 1/20	MIT DATE: 6/2021 12	2:00 AM
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BILL NUMBER: HB 85				DATE: 1/26/2021	
COMMITTEE: General Laws				·	
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		RMATIONAL PURPOSE	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: RON CALZONE			PHONE N	UMBER:	
BUSINESS/ORGANIZATIC	NN NAME:		TITLE:		
ADDRESS:			I		
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:		MIT DATE: 5/2021 12:00 AM	
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SUSAN MYERS			Pł	HONE NUMBER:	
BUSINESS/ORGANIZATIC	DN NAME:		TI	TLE:	
ADDRESS:					
CITY:			ST	TATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIC	ONAL PURPOSES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: TONY SHEPHERD			Pł	HONE NUMBER:		
BUSINESS/ORGANIZATIO	N NAME:		TI	TLE:		
ADDRESS:						
CITY:			ST	TATE:	ZIP:	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM	
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TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO	FOR I	NFORMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KAREN ROGERS			PH	ONE NUMBER:	
BUSINESS/ORGANIZATIO	DN NAME:		ТІТ	LE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/26/2021 1	2:00 AM
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COMMITTEE: General Laws					
TESTIFYING:	STIFYING: \Box IN SUPPORT OF \Box IN OPPOSITION TO \blacksquare FOF			OR INFORMATIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORGANIZATION:					
WITNESS NAME: KEVIN MERRITT			PHONE NUMBER: 573-301-7728		
BUSINESS/ORGANIZATION NAME: MISSOURI SHERRIFF'S UNITED			TITLE: EXECUTIVE DIRECTOR		
ADDRESS: 6605 BUSINESS 50 WEST					
			STATE: MO	ZIP: 65109	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM		
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