



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 761		DATE: 5/4/2022	
COMMITTEE: Special Committee on Government Oversight			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LT. COLLIN M. STOSBERG		PHONE NUMBER: 816-853-2143	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE HIGHWAY PATROL		TITLE: LEGISLATIVE LIAISON	
ADDRESS: 1510 E. ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/4/2022 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 5/3/2022 4:38 PM
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LGBTQ students may confide in school staff with whom they feel accepted and safe when not yet ready to take that chance with their families. This bill could put them at risk of abuse in their home. Please oppose this bill.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BRANT SHIELDS		PHONE NUMBER: 573-638-7501
REPRESENTING: MISSOURI SCHOOL BOARDS' ASSOCIATION		TITLE:
ADDRESS: 2100 I-70 DRIVE SW		
CITY: COLUMBIA		STATE: MO
		ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/4/2022 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MIKE WOOD		PHONE NUMBER: 800-392-0945	
REPRESENTING: MISSOURI STATE TEACHERS ASSOCIATION		TITLE:	
ADDRESS: PO BOX 458			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/4/2022 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: OTTO FAJEN		PHONE NUMBER: 573-634-3202	
REPRESENTING: MISSOURI NATIONAL EDUCATION ASSOCIATION		TITLE:	
ADDRESS: 1810 E. ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/4/2022 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SCOTT KIMBLE		PHONE NUMBER:
REPRESENTING: MISSOURI ASSOCIATION OF SCHOOL ADMINISTRATORS		TITLE:
ADDRESS: 3550 AMAZONAS		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/4/2022 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILLIAM A. GAMBLE		PHONE NUMBER: 573-634-4876	
REPRESENTING: SPECIAL SCHOOL DISTRICT OF ST. LOUIS COUNTY		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/4/2022 12:00 AM	
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