



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMANDA HICKENBOTTOM-CONNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mhconner17@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:27 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I have MANY friends in healthcare, in particular nurses, who were fired because they did not want to take an experimental gene therapy being touted as a vaccine with very little to no data in regards to safety or long-term effects. My one, dear friend had over 20 years experience as a wound care specialist nurse. She was highly respected and beloved by her patients at Cox. She refused the C-19 vaccine and was terminated, because she was not allowed an exemption. Now this woman, who loved her job and patients, scrubs toilets for a living. She never complains, because she knows she did the right thing; but she is desperately sad about losing a career she had worked toward her entire life. I'm writing on behalf of my friend, Tracy, and the thousands upon thousands of workers who lost their passions simply because they wanted to have sovereignty over their own bodies - our most basic, human right! The biggest slap in the face to these workers like Tracy is that we now KNOW beyond a shadow of a doubt that the vaccines do not stop those who receive them from contracting or spreading C-19. Tracy and her fellow nurses who refused these vaccines were treated as social pariahs who did not care about the health of their fellow workers and patients when in reality their compliance would not have altered the outcome for those around them anyway. No one and no entity should be allowed to medically rape another person. And no one should feel coerced or manipulated into taking an experimental procedure or medication or vaccine simply to provide food, shelter, and stability for their children and family. I can't believe this occurred at all in America, but it did. And this is why we need HB336 to protect Missourians from further tyranny of this sort. Thank you.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMBER CRAWFORD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: amapatriot@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 2:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

HB 336 is our best chance to STOP employer mandates! Have you watched "Died Suddenly"? So many adverse events happening!!! Go check the VAERS DATABASE, even though VAERS tries to discourage patients and victims from submitting the forms that they stopped the entries!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMY REED		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: areedster@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:06 PM

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Employers should most definitely be held liable for any health issues if they require employees to take the Covid-19 vaccine.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANGELICA ITTZES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: 6362323661@mms.att.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:24 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Employers requiring things of employees should be held liable for any harm their requirements as conditions of employment cause those employees. I support this bill.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANNE GASSEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: apgassel@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:56 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My employer requires the job. We have trouble finding new employees when they hear they have to get the job. I almost lost a healthy brother to a heart attack from the job. His employer said "sorry" but that is weak sauce and doesn't help with the lifelong medical consequences or costs. I wholeheartedly support this bill.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BECKY WOODS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: beckywoods.youngliving@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in support of HB 336.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BETHANY LADD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bethany_renae@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 8:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BEV MARTIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bevmartin.fl47@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I believe that men and women have the right to decide what kind of medicine they will choose to use. If they are forced to take a vaccine by their employee, then the employee should be held liable for that if any negative reaction occurs because of the vaccine.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BILL NEUKUM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: billneukum@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 5:31 PM
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Business should stop mandates or be liable.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRUCE WILMSMEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: phredbird@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 10:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: BYRON KEELIN		PHONE NUMBER: 314-402-0655
BUSINESS/ORGANIZATION NAME: FREEDOM PRINCIPLE MO		TITLE: PRESIDENT
ADDRESS:		
CITY: ST. LOUIS		STATE: MO
		ZIP: 63110
EMAIL: freedomprinciplestl@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

On behalf of the members of the Freedom Principle MO, we offer our support for the following bills: HB 366, HB205, HB262, HB 445, and HB 700. The ongoing release of emerging data from experts in the medical field regarding the harmful and often deadly side effects related to COVID-19 shots and boosters is of immediate concern to Missourians as a matter of health and safety. In particular, the impact that these initial shots and boosters have on young adults and children is of particular concern. During a COVID-19 EU hearing held on October 10, 2022, Janine Small, Pfizer's president of International Development Markets, testified that the Pfizer vaccine had never been tested on its ability to prevent virus transmission. Thousands of Missourians were unconstitutionally forced to get the one or two-phase shots and subsequent boosters, not by choice, but under the threat of losing their job and not being allowed to attend school. Others were essentially coerced into getting the vaccine, thinking it would prevent the spread of the infection. As a result, many of these individuals have suffered side effects, long-term injuries, and even death as the result of these experimental shots. This emergence of actual scientific data evidence disproves the narrative of "safe and effective" and has uncovered one of the most appalling crimes against humanity. Missourians and Americans have been lied to by the CDC, Pfizer, Dr. Fauci, the Biden Administration, the Federal Drug Administration (FDA), the U.S. Department of Health and Human Services (HHS), and the media. That our government and government agencies worked together with Big Pharma and Big Tech to deceive the public into taking the COVID-19 shot is enough reason to prohibit any future mandates by employers, schools, government institutions, and healthcare facilities.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CARLA GREWE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: carlagrewe@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 11:11 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
Employers must take financial responsibility for the actions they force upon their employees



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CAROL PITZER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: allaboutjesus@centurytel.net		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support HB 336 because it is the right thing to to.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CATHY LANGFORD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: imagbearer@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CATHY PEIRICK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cathypeirick@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 1:22 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CEDRIC LEE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: leecedric27@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 3:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

We all know that consequences are the best way to stop bad behavior. Being liable for damages caused by vaccines, which could be significant, are enough incentive for employers to decide not to require them. HB 336 is simple but powerful. It states that if an employer requires a medical procedure as a condition of employment, they are liable for damages, which could include injuries or death.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CELESTE MUELLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: celestemueller4@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 7:50 AM
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I support



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHERYL GLASCOTT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lcglascott@charter.net		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:26 AM

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I support a company being liable for any damages caused by required immunizations or any other medical procedures.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CINDY DEGGENDORF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cindydeggen@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this Bill because it fights against employer vaccine mandates while still respecting private property and freedom of association principles. It does so by making it clear that an employer is liable for injuries that might result from a mandate that they impose on their employees.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CLAYTON AND CORRINE GARDNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gardnerc2@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 8:43 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I work for a liberal institution that mandated the vaccine but was fortunate to have received a religious exemption. I firmly believe that it was the grace of God and the fact that this academic institution knew that this was unconstitutional and violated any regulations set forth in the Belmont Report and Nuremberg Code. As a research coordinator, I understand a person's right to decline ANY new investigational procedures WITHOUT RECOURSE INCLUDING JOB LOSS. They did not totally explain all 8 points required for experimental research procedures to each subject. This was pushed on our fellow Americans (and the world) via fear tactics many of who pay the consequences of health issues. All employers should be liable for damages done to employees/potential new hires from untested experimental procedures, especially when pushed by the US government and WHO/CDC. I am IN SUPPORT of this bill.Thank you for this bill. This madness must stop. Corrine Gardner



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CYNTHIA KOSHINSKI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cindykoshinski@msn.com	ATTENDANCE: Written		SUBMIT DATE: 2/21/2023 9:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support this proposed legislation. If employers are going to mandate procedures, then they can bear liability and responsibility for negative outcomes, adverse reactions, and damages caused by such mandates.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CYNTHIA L JONES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: singingblonde@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:57 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this common-sense approach to employer health mandates, as it respects private property and freedom of association.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANIEL J TADRICK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tadrick@aol.com	ATTENDANCE: Written		SUBMIT DATE: 2/21/2023 9:25 PM
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We have to protect our rights and hold responsible those that would so lightly take them from us. Give us the protection from over reach we need.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DARINDA K BAGGETT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: alwaysitzadoozi@duck.com		ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 8:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Mandating vaccinations as a requirement for employment has severely limited me in continuing with my chosen career path. As a RN, who is allergic to vaccines, employment opportunities are slim at best. No vax=No job. I've retired early.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBBIE MOORE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: debbiemore63@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:51 PM

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I support holding any employer responsible for injury due to forced medical procedures.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBORAH LAMMERT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lammertd@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:35 AM
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I don't think it is right for employer to mandate a vaccine or flu shot to keep job,



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEE BRAY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: damberbee1999@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

HB 336 is our best chance to STOP employer mandates! We need our bodily sovereignty! The job manufacturers don't go through the Gold Standard when they develop the inoculations, and now so many healthy people died suddenly! Watch the documentary Died Suddenly!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DIANA SIMON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dmfdino@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:33 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dieb Enterprise said they will not allow exceptions if CDC requires vaccine, I will be terminated. The vaccine violates my right to be healthy. This HB 336 supports my personal right to make my own health choices and not lose my job.Thanks Diana



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONNA BONNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bunnydjb@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 12:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONNA L MCCARDELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: marierich55@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 7:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This is pretty fair way to deal with this issue.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELIZABETH FREEMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: free2dns@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 7:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

As a nurse I see possible liability issues with mandated procedures. No one should have to sacrifice their health or beliefs to keep a job to support their families.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELIZABETH MCCANDLESS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: libby@greyarcher.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Our family chose not to be vaccinated after extensive research and due to religious convictions as well. My husband's employer mandated in fall of 2021 that all employees be vaccinated or face termination. He fortunately was able to (barely) get a religious exemption, but as a result was forced to wear a mask and social distance at the office (only non-vaccinated were required to do this), get tested before every business trip, and have it noted in the company's HR files. Several months later, there was a national convention he and a handful of employees attended. Vaccinations were required at the event, OR if unvaccinated, you had to provide an official negative Covid test from within 24 hours (which cost us \$75 at our own expense). Ironically, everybody at his company came home from the event and had Covid within a few days, my husband included. So not only did the vaccine NOT protect employees from contracting the disease, but clearly, if the unvaccinated in attendance were the only ones who showed a negative test upon entrance, it had to have been the vaccinated who were the "super-spreaders." The further information being discovered almost daily in the last 18 months has proven the vaccines to not only be ineffective, but downright dangerous to the majority of the population.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GERALD E. WISTRAND		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gwistrand@reagan.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GERALYN WILMSMEYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: geralyn77@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support HB 336!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GERI NAEGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gnaeger1@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:37 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANET HENNESSEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: yodabird1@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I know countless people who have been injured from the covid shot because their employers mandated they take it or be fired.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANET L. DABBS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: janetdabbs7@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:24 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have friends and family who have suffered serious medical conditions and death due to the Covid vaccine. I have overwhelming PROOF these vaccines were not safe. If an employer requires a medical procedure as a condition of employment, they should be held liable for damages, which could include injuries or death. To allow Big Pharma and government officials to get rich at the detriment of Missouri citizens is unjust. To allow employers to mandate an employee's healthcare choices as a condition of employment is unconstitutional and evil.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER BARKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/22/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNIFER J COULTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bjmrcoulter@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336 No one should be required to sacrifice their wealth for their employer.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER TERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jennay314@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 11:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support this bill HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEROME S. JACOBMEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jerryjacobsmeier@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 5:01 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

HB 336 has got it 100% right regarding who is responsible for liability regarding required Immunizations.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JERRY ARLON MERCIER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jjinmo3@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:03 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Those who impose mandates should be liable for any consequences.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JERRY PERRY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jerryrp@centurytel.net	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 10:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

No one should have the power to force vaccinations on individuals who have concerns about the dangers involved or be forced to have them due to religious convictions.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JO BOLHOFNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: joannbolhofner@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 6:28 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Employers should never mandate vaccines or medical anything on an employee. If the employer uses it to force the employee or lose your job, the employer should then be responsible of adverse reactions if the employee incurs because of the forced vaccination and not be able to just write that person off.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHANNA BEAUDEAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: johannabeaudean@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 10:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I know people who lost their job for refusing the vaccine. I know individuals who were injured due to the vaccine and who died as a result of receiving the vaccine. I was personally pressured heavily to provide my vaccine status and led to believe that if I did not receive the vaccine I would be limited in my ability to perform my job in the office with colleagues and potentially lose my job. I had to ask 5 times if it was a condition of my employment and finally was told, no just record your vaccine status in our employers HR system. It was a very difficult 6 months to year in my job and I still feel discriminated against due to the fact that I refused to get the Covid vaccine.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOHN BAKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jjbaker9@live.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:16 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Medical decisions are private and personal. Employers have no right to mandate medical procedures of any kind. If they do so they must be willing to bear the consequences.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHN BECKETT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: beckettmotors@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 1:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

We need to stop all mRNA Covid shots and any kind of mandates whether it's from the state or employer. If you would take the time to research the adverse reactions to these shots have sky rocketed. My sister in law just got out of ICU with blood clots in both lungs and both legs. She was boosted.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOSEPHINE BYRNE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ptbaanaa@gmx.com		ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 6:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOYCE G. JOKERST		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: joycejokerst@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 5:32 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JP OLIVER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: truthi1seek@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

We all know that consequences are the best way to stop bad behavior. Being liable for damages caused by vaccines, which could be significant, are enough incentive for employers to decide not to require them. HB 336 is simple but powerful. It states that if an employer requires a medical procedure as a condition of employment, they are liable for damages, which could include injuries or death!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JUDITH MOOREFIELD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jlrmoorefi@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

It is only right that an employer be held liable for any injury that occurs from the mandates they impose. If they are held liable, then they would be forced to actually learn about the risks associated with all that they are mandating, including the exceptional risks of injecting known toxins into the human body. Enough with mandating practices because they are being "paid" by those pushing the mandates, such as big pharma. Strongly support this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JUDY RHINEHART		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: judith_rhinehart@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 7:31 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

In support of!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JUDY SOFKA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jsofka@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:07 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JULIA JANSMA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: julia.jansma@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 11:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I stand in support of this bill because I believe in personal medical freedom. Any employee that mandates this gene modifying vaccine should be held responsible for injuries and death.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIA LESINSKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jski5@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 5:40 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336. My son got fired from his job because of the covid vaccine mandate and he had gotten a religious exemption from his company. However, his company would not accommodate that exemption.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE GENTRY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Juliegentry2009@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KIMBERLY D. FRITSCHÉ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kdfritsche@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAURA HAUSLADEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: laura223mo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 8:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Please vote this out of committee and support it.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LEEA BETTA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bettafour@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this Bill!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LILY YANG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: beamber1999@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Being liable for damages caused by vaccines, which could be significant, are enough incentive for employers to decide not to require them! We all know that consequences are the best way to stop bad behavior. HB 336 is simple but powerful. It states that if an employer requires a medical procedure as a condition of employment, they are liable for damages, which could include injuries or death.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDA BADER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lindabader5@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 7:52 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDA HAYNES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lhaynes1960@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336. Employers should be liable for employees loss



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDA VAN DE RIET		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lvanderiet@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:21 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I want employers to be liable for the Unconstitutional requirements they enforcing on their employees that could cause great harm and even death.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LORI BOURGEOIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/22/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LUKE REID		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: onelukeoneleia@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 3:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

We all know that consequences are the best way to stop bad behavior. Being liable for damages caused by vaccines, which could be significant, are enough incentive for employers to decide not to require them. HB 336 is simple but powerful. It states that if an employer requires a medical procedure as a condition of employment, they are liable for damages, which could include injuries or death.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARIA K BROEKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mariagenz@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 5:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support HB336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARILYN HERMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: morganstony@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 1:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. I 100% support.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARY CREMER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: marycremer@mchsi.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 8:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Employers that require safety gear can be taken off when going home. However, any required immunization by an employer is inserted into your body and doesn't come out. So, if any employer requires a permanent substance in your body, should be held liable if there are problems.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY GREMAUD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nmgrem@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 7:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARY WEST		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjwest02@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 10:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		
No employer should mandate any medical or health demands on an employer		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MATT WESSELSCHMIDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mtgook@msn.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 8:05 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Nobody should be forced to do anything as a condition of employment if the employer has no liability for harm caused by the employer's mandate for employment.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATTHEW PATON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mattmattpat@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have witnessed firsthand the atrocities of the employer vaccine mandate. I absolutely and wholeheartedly support this bill. They need to be held accountable.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGAN GUILLEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: guillenfamily2015@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill. If an employer chooses to require an employee to go through a medical procedure, as a condition of employment, then the employer should be responsible if that procedure causes injury or harm to the employee.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGAN R. CALZONE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: megan.c@cze.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 7:22 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELINDA BRANSTETTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mindy1315@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:17 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Employers need to be held liable for mandating medical procedures/vaccines etc. of their employees. This liability will stop employers from making knee jerk decisions regarding their individual employees' health; such as mandating medical procedures they (employers) have no business or qualifications to make.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL G.TATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mikeak@centurytel.net		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This is an important bill, Please support it, Thank you



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL WESTEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: MichaelWesten.3up@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:52 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I fully support HB 336 in it's original form. Employers should be held liable for all damages incurred from any vaccine received as a condition of employment. Furthermore, I'd like to see vaccine status become a protected status at the state level. Just as it's illegal for a company to discriminate in the hiring process based on things such as race, religion, age, gender, etc...., it should be illegal for a company to discriminate in the hiring process based on vaccination status.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHELE SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lsonsmom10@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:17 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill because it affirms, in the simplest of terms, the consequence for medical mandates without interfering with the decisions of private businesses. It is the best way to deter employers from requiring medical interventions as a condition of employment.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHELLE BRANDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: michellebrandt@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Employers who forced their employees to get a Covid injection in order to keep their job need to be held accountable. We were told this was to protect us from getting Covid which quickly proved to be false. Employers need to be held accountable for every single adverse reaction these injections caused innocent people.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAM BUTTRAM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/22/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PAMELA CAMPBELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pamelascampbell@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:22 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HR 336 because employers should never force any medical procedures vaccinations or Medications. Our medical decisions should be our own and it is a violation of our rights as citizens of the USA.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PATRICIA LUCIDO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Plucido25@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 9:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Please pass this bill !!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAUL ROBERT VAETH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: paul.vaeth@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 7:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Violation of our rights



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PENNY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ldpsartain@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 11:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

An employer should be liable for injuries from mandates that they impose on their employees.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RACHEL DECKERD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rkweber35@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 8:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I strongly support employers being held liable for forcing employees to take medical interventions such as vaccines. Forcing or coercion of such things is unacceptable and UnAmerican.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: REBECCA SCHENCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: becky.schenck@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 12:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in support of this.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RENEE CLARK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Reborn1000@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 7:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Greetings! This bill sounds like it does a great job of fighting against employer VACCINE MANDATES while it still respects private property and freedom of association principles. Making the employer liable for injuries that might result from a mandate that they force on their employees is a good idea. Our former AG (now our senator) Schmidt stood firm on the illegality of these mandates, went to the U.S. Supreme Court and won. The employers backed off and rightly! Please note my support of this bill. Thank you!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RIAN CERNY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rcerny68@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 8:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Good bill to hold employers liable if they force vaccinations even though they should not be able to force them.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICHARD MCKIE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rmckie7@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:18 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		
Protect individuals from medical overreach!		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICHARD STARKEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rdstarkey@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this legislation.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROBIN SEAH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: singamom@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 12:02 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROGER A. FRIES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rfries@socket.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:36 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Any forced inoculation by any employer should make the employer responsible for any ill effect resulting from the forced inoculation.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RON CALZONE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ron@mofirst.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/22/2023 4:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This is a great bill that balances the fighting of abusive practices in the private sector with property rights and the principles of freedom of association. I would suggest some improvements, though: (1) It should clearly apply to government employers, too. (2) It should apply to "immunizations and other medical procedures." (3) It needs to be made clear that a vaccine or medical procedure accepted voluntarily (e.g. before taking a job with the current employer) does not create a potential liability to the current employer. (4) The bill should prohibit the state workers compensation pool from covering injuries arising from mandated procedures.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SANDRA ENO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lynneno@swbell.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:19 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 366!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SANDRA VAETH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sandyvaeth5@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:57 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am strongly in support of this bill no. 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARAH REEVES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sarahreevesrn@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:02 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SASHA K.		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jazzey_21@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB336. I lost a job due to the unlawful mandates.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SCOTT HAWKE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: scotthawke@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 3:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I fully support HB 336.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHELLY KNICHEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hgefree@msn.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I wholeheartedly support HB 336. I have many friends and family members who were coerced by thier employer who was coerced by our governement to get these dangerous shots. We must hold those accountable to take such criminal actions. This Bill is much needed. Emploers requiring dangerous shots is unprecedented and we must take action now to protect ourselves and our families and freinds from any further injuries.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHERRI LYNN STECHMANN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mommabear05@proton.me		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:48 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Of course employers should be held accountable for killing off their employees (each shot weakens your immune system AND causes blood clots, myocarditis (heart inflammation) & other health problems [Dr. Sean Brooks, Ohio School Board Speech] #ALLtheanimals diedfrommrnashots #DiedSuddenlyMovieStewPeters #WatchTheWaterDrBryanArdis #DrLeeMerritt #DrCarrieMadej #DrFrancZalewsky #DrAndreasNoackMurderedafterlivestream (Carbon expert whistleblower said it's "deadly carbon slicing your brain ?? and heart" in the jabs, "not graphene oxide" BUT HYDROXIDE) with forced shots, for a virus which is curable with twelve (12) Hydroxychloroquine pills; one (1) pill made me breathe normally from 90% oxygen to 97% in about four (4) hours. Why is Tennessee ahead of Missouri in over the counter Ivermectin access? It kills Covid within 48 hours. Is anyone familiar with Federal Law wherein no one can force the Emergency Use Authorization (EUA) kill shot to begin with?! I'm no lawyer but I knew that early on. Moreover, recent court wins reiterate that "vaccine" mandates are illegal. The Life Insurance industry reported a 40% INCREASE in deaths ?? ages 18-60 y/o in 2021, within a year of the jabs coming out. ?? The jabs are clearly killing people, it's blatantly obvious. Moreover, it's disappointing that Montana was the first state to protect their citizens from forced shots; I informed Senator Josh Harley, former AG Eric Schmidt, & Governor Parsons of the intentional dangers of the mRNA Covid-19 "vaccines" (though not true vaccines) to no avail. ???????? Not that Parsons or Schmidt could make laws. Additionally, I tried to stop this damaging & murderous shot from being approved for children to no avail. The CDC added it to the children's vaccine scheduled, yet the CDC got caught purposefully giving black men syphilis, in Georgia, and studied them like lab rats for forty (40) years. Why in the hell would anyone listen to the corrupt CDC?! ?? (maybe if I use emojis ppl will listen) I didn't Google that, I heard directly from family from Georgia who had firsthand knowledge. Where is the law protecting school children from a deadly mRNA shot?! If you don't pass a law to protect them then you're in on it. Or a law to protect adults. Where is the law protecting people from being forced to have the jab to begin with?! Not everyone has a religious exemption so they have no protection whatsoever. Many employers ignored religious exemptions. Unbeknownst to Missourians, no one can legally force them, under Federal law, under God (The Most High, YHWH, Yahuwah), & the Constitution for that matter, to get any shots; many did so to keep their jobs. Dr. Sean Brooks said the deadly mRNA jabs will "kill those people in six (6) months to 3-5 years." Who will be your constituents then? Who will pay your salaries? Your taxes? Unless y'all, I'm proud of my Missourah roots, are in on it. Court cases against the FDA prove that 3,000+ died from the deadly mRNA shot within six (6) weeks of the jab being released, something the FDA tried to hide from the American people for 75 years! The judge ruled against the FDA. Furthermore, as per the CDC whistleblower, some 250+ people DIE every day from the mRNA shots, or roughly 271,000 to date, in the US. The #greatreset is now #thegreatawakening REVELATION 13:16 is "IN the right hand or IN the forehead" #biblehub

#genevabile #kjb2016orolder



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHIRLEY KLUMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shirleyklump@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 4:33 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB336.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SIDNEY ESTES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: s.dru@att.net	ATTENDANCE: Written		SUBMIT DATE: 2/22/2023 10:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support HB336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SILVIA PALETTA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: spaletta09@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 6:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Medical decisions should be up to the individual. Now that we have evidence of how harmful these vaccines were, all the more reasons for employers to stay away from mandating something that they really do not know anything about!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEVE HUDSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hud1958@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 2:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEVE WOLFROM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hoolf@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 6:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I agree with this bill - fighting against employer vaccine mandates while still respecting private property and freedom of association principles.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN COLE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: asoulwithabody4christ@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 6:24 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Members of Congress, Our individual rights are given to us by God as clearly stated in our Constitution. These mandates striped an individual of those rights forcing one to take an unknown substances with uninformed information/consent or lose their job and suffer other hardships. This is dictatorship. No government has that authority. When any government or business does this it goes against God given rights and ones liberty and freedom is lost. Each of you took an oath to uphold and protect our Constitution. These current shots have now been proven with true facts that it was a bioweapon unleashed on humanity for several reasons. Two main reasons were to depopulate and cause an individual to be a slave to the medical industry because of broken health upon getting this "covid shot". There is also lots of true data that show previous vaccines have caused more harm then good. None should ever be required or forced upon anyone! Those individuelles who are forcing these vaccines are taking on dictatorship roles and trying to be gods. God is a jealous God and does not take it lightly when a human tries to take His place. Here is one link to show that this "covid" shot was indeed a bioweapon. They must be stopped immediately!<https://karenkingston.substack.com/p/13-reasons-to-have-state-attorney>Sincerely, Susan



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN WALLACH, RESPIRATORY THERAPIST		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: smw.internet@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 10:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I work in a hospital, did not want to get the shot, but did not want to use the religious exclusion, so got the shot. Had a horrible, painful reaction to it. No one should have been, or be, forced to do it. I should have stayed home and gotten paid more to do nothing like the govt paid people instead of workers than risk myself as a healthcare worker through covid. Never again will this happen to me. I'm getting out of healthcare.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUZANNE CRONIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: eclecticconfetti@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Liberty



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TAMMY PALISCH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tammypalisch@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:45 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I support HB 336



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TAMMY STIDEM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/22/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TIMOTHY W TUCKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: timothywtucker@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 9:14 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

It is on its face inhumane. It is rape! and nothing less. To degrade personal responsibility to such a degree is an assault on inner essence or innocence.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TODD HUMPHREY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: todd93@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 7:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Employers should not be permitted to require any vaccination, especially those that are experimental, as a term of employment.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: VALERIE LAWRENCE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: val7890@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 8:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I'm in support of this bill. If an employer is going to require a medical procedure and a person is injured because of this the employer needs to be help responsible.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WAYNE & JENNEL HOUTS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wjhouts@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:29 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I really like this bill because it does a good job of fighting against employer vaccine mandates while still respecting private property and freedom of association principles. It also makes clear that an employer is liable for injuries that could result from a mandate that they impose on their employees.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WAYNE SCHAEFFER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wildwoodschaeffers@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2023 7:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WILLIAM C CORLEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fdabill@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 10:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am Opposed to this Bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID SAMUEL OVERFELT		PHONE NUMBER: 573-230-6006	
REPRESENTING: MISSOURI RETAILERS ASSOCIATION; MISSOURI GROCERS ASSOCIATION; MISSOURI TIRE INDUSTRY ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: PO 1336, 618 E CAPITOL			
CITY: JEFFERSON CITY/MO/65101		STATE: MO	ZIP: 65102
EMAIL: dave@moretailers.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 11:43 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

We oppose creating liability and prohibiting businesses from making decisions that protect their employees and customers from communicable diseases.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023
COMMITTEE: Emerging Issues		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: EMILY HORNSTRA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: emlife@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/22/2023 12:05 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am opposed to this bill. Employers have a right to set the terms of employment and employees have a right to seek employment where there the terms align with their personal views. In short, if the terms of employment don't meet your satisfaction, don't work there.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MO ASSISTED LIVING ASSN.		TITLE:	
ADDRESS: 213 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KARA CORCHES		PHONE NUMBER: 573-634-3511	
BUSINESS/ORGANIZATION NAME: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE: VP OF GOVERNMENT AFFAIRS	
ADDRESS: 428 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: kcorches@mochamber.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/22/2023 3:26 PM	
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 336		DATE: 2/22/2023	
COMMITTEE: Emerging Issues			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MEGHAN TRAVIS HENDERSON		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: NIKKI STRONG		PHONE NUMBER:
REPRESENTING: MO HEALTH CARE ASSN.		TITLE:
ADDRESS: 236 METRO DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Emerging Issues			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAY MCCARTY		PHONE NUMBER: 573-634-2246	
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: PRESIDENT/CEO	
ADDRESS: 3234 W. TRUMAN BLVD.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: rmccarty@aimo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/22/2023 8:38 AM	

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Associated Industries of Missouri opposes government mandates preventing employers from setting reasonable rules f employees, including the ability to require vaccinations, if they so choose. Very few employers that are not required by federal law to have employees vaccinated are doing so due to the current shortage of workers. We believe this language is unnecessary as the labor market is accomplishing the goal of the legislation without a government mandate. This bill creates a cause of action against employers without requiring strong proof that a vaccination caused an injury and we oppose creating new actions against employers.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Emerging Issues		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432
REPRESENTING: GREATER KANSAS CITY CHAMBER OF COMMERCE		TITLE:
ADDRESS: 208 MADISON		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/22/2023 12:00 AM
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