



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 548		DATE: 1/27/2021	
COMMITTEE: Judiciary			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: H. MORLEY SWINGLE		PHONE NUMBER: 573-886-4100	
BUSINESS/ORGANIZATION NAME: OFFICE OF PROSECUTING ATTORNEY, BOONE COUNTY MISSOURI		TITLE:	
ADDRESS: 705 EAST WALNUT STREET			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: STEPHEN SOKOLOFF		PHONE NUMBER: 573-751-0619	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS		TITLE:	
ADDRESS: P.O. BOX 899			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/27/2021 12:00 AM	
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