



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 59		DATE: 1/26/2021	
COMMITTEE: Public Safety			
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: DALE ROBERTS		PHONE NUMBER: 573-355-3513	
BUSINESS/ORGANIZATION NAME: COLUMBIA POLICE OFFICERS ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1301 VANDIVER DRIVE #102			
CITY: COLUMBIA		STATE: MO	ZIP: 65202
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 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: DALE SCHMIDT		PHONE NUMBER: 816-581-3767	
BUSINESS/ORGANIZATION NAME: MISSOURI PEACE OFFICERS ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 101 WEST MCCARTY, SUITE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARK BRUNS		PHONE NUMBER: 573-690-0342	
REPRESENTING: KANSAS CITY FRATERNAL ORDER OF POLICE		TITLE:	
ADDRESS: 715 JEFFERSON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RICK INGLIMA		PHONE NUMBER: 816-509-7911	
BUSINESS/ORGANIZATION NAME: MISSOURI FRATERNAL ORDER OF POLICE		TITLE: PRESIDENT	
ADDRESS: 715 JEFFERSON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANTEL DOOLING		PHONE NUMBER: 573-353-3828	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	

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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: STEPHEN (JAY) SCHROEDER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: ST LOUIS POLICE OFFICERS ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: 3710 HAMPTON AVENUE			
CITY: ST LOUIS		STATE: MO	ZIP: 63109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: RECORDERS ASSOCIATION OF MISSOURI		TITLE:	
ADDRESS: P O BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHARON GEUEA JONES		PHONE NUMBER: 573-808-2156	
REPRESENTING: MISSOURI STATE CONFERENCE OF THE NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE		TITLE:	
ADDRESS: P O BOX 104221			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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