



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

DATE:
4/1/2021

COMMITTEE:
Rural Community Development

TESTIFYING: ☐ IN SUPPORT OF ☐ IN OPPOSITION TO ☒ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME:
JACOB BUXTON

PHONE NUMBER:
573-522-4115

BUSINESS/ORGANIZATION NAME:

TITLE:

ADDRESS:
2901 WEST TRUMAN BOULEVARD

CITY:
JEFFERSON CITY

STATE:
MO

ZIP:
65109

EMAIL:

ATTENDANCE:

SUBMIT DATE:
4/1/2021 12:00 AM

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



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WITNESS NAME

INDIVIDUAL:

WITNESS NAME:
JASON JENSEN

PHONE NUMBER:
573-522-4115

BUSINESS/ORGANIZATION NAME:

TITLE:

ADDRESS:
2901 WEST TRUMAN BOULEVARD

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME:
TRAVIS GUERRANT

PHONE NUMBER:
573-449-3033

BUSINESS/ORGANIZATION NAME:

TITLE:

ADDRESS:
1714 COMMERCE COURT, SUITE C

CITY:
COLUMBIA

STATE:
MO

ZIP:
65202

EMAIL:

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4/1/2021 12:00 AM

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