



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 85		DATE: 1/26/2021	
COMMITTEE: General Laws			
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: ALEX SALSMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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: GINA L. COATS		PHONE NUMBER: 417-224-4496	
BUSINESS/ORGANIZATION NAME: GLC BULLETS, LLC		TITLE: OWNER	
ADDRESS: 4625 SOUTH LEAWOOD AVENUE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65810
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HOLLIS OVERALL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JIM CONRADY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LINDA CONRADY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAUL HAMBY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PEGGIE CRABREE BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ROBERT TITUS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RON CALZONE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN MYERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TONY SHEPHERD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KAREN ROGERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KEVIN MERRITT		PHONE NUMBER: 573-301-7728	
BUSINESS/ORGANIZATION NAME: MISSOURI SHERRIFF's UNITED		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 6605 BUSINESS 50 WEST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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