



2022 Judicial Redistricting Commission

WITNESS APPEARANCE FORM

February 25, 2022

Please complete ONE of the following sections	i.	Please Print	
Individual: if testifying only on behalf of yourself,	please complete this section.		
Witness Name		Phone Number	
James C. Robinson in bolal	fat Tony Weaven		
James C. Robinson in behal Home Address President of Unition 6762 Mignon Dr. City	ed Demo colatic Township	Orgaka Unity St. buil	
6769 MI Guine De			
City	State	Zip Code	
Florisount	nw	63033	
Business/Organization: if testifying on behalf of			
Witness Name	a business of organization, pleas	Title	
		1.10.5	
Business/Organization Name:		Phone Number	
Business/Organization Name:		Phone Number	
Home Address			
City	State	Zip Code	
Registered Lobbyist: if registered with the Misso	ouri Ethics Commission and testify	ring on behalf of a business,	
		ring on behalf of a business,	
organization or government agency, please comple		ring on behalf of a business, Phone Number	
Registered Lobbyist: if registered with the Misso organization or government agency, please comple Witness Name			
organization or government agency, please comple Witness Name	ete this section.	Phone Number	
organization or government agency, please comple Witness Name Business, organization or government agency r	ete this section.	Phone Number	
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Please complete ONE of the following sections.	Please Print					
Individual: if testifying only on behalf of yourself, please complete this s	ection.					
Witness Name	Phone Number					
Sharon Schneeberger	573 443-4605					
Home Address						
605 Thillx						
City	Zip Code					
Columbia	65203					
Business/Organization: if testifying on behalf of a business or organization	ition, please complete this section.					
Witness Name	Title					
Business/Organization Name:	Phone Number					
Home Address						
City State	Zip Code					
Registered Lobbyist: if registered with the Missouri Ethics Commission	and testifying on behalf of a business					
organization or government agency, please complete this section.	and testifying off benan of a business,					
Witness Name	Phone Number					
Business, organization or government agency name as registered v	with the Ethics Commission (Do not use					
acronyms).						
TESTIMONY						
Please briefly summarize the testimony to be presented.						
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7 301 301 7110 3	renale map.					

INFORMATION PROVIDED IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.



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Vitness Name		Phone Number				
Home Address						
City	State		Zip Code			
Business/Organization: if testifying on behalf of a business or or	ganization, please cor	mplete this	section.			
Witness Name MARICYN Mclerch		Title PLES	18ENT			
Business/Organization Name:		Phone N	umber			
LEAGUE OF WOMEN VOTE	RS	573-	- 239-3708			
Home Address 3109 GREEN RIDGE RA						
City	State		Zip Code			
COLUMBIA	40		65202			
Registered Lobbyist: if registered with the Missouri Ethics Commission and testifying on behalf of a business, organization or government agency, please complete this section.						
Witness Name			Phone Number			
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).						
TESTIMONY						
Please briefly summarize the testimony to be presented.						
GENERAL STATEMENT ABOUT The need						
FOR A FAIR MAP FOR MISSOURI'						
SENATE SISTAILTS	12					

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Individual: if testifying only on behalf of yourself, please complet	e this section.					
Witness Name	ness Name Phone		Number			
Home Address 940N. Boonville Room 113 City Springbicld		417-	862-4053			
Home Address						
940N. Boorville Room 113						
City	State		Zip Code			
Springbicld	mo		65802			
Business/Organization: if testifying on behalf of a business or o	rganization, please co	mplete this	s section.			
Witness Name		Title				
Business/Organization Name:		Phone N	umber			
Mo Association of lovery (Cooks)	Flestin Av	Mari-	fire			
Home Address	T Estimited	11/20/11	116 5			
City	State		Zip Code			
City	State		Zip Code			
Registered Lobbyist: if registered with the Missouri Ethics Comm	nission and testifying	on behalf c	of a business,			
organization or government agency, please complete this section. Witness Name		Phone N	umbor			
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		1	200			
Business, organization or government agency name as regist	ered with the Ethics	s Commiss	sion (Do not use			
acronyms).						
TESTIMONY						
Please briefly summarize the testimony to be presented.						

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