

#1



2022 Judicial Redistricting Commission
WITNESS APPEARANCE FORM
February 25, 2022

WITNESS INFORMATION

Please complete **ONE** of the following sections. Please Print

Individual: if testifying only on behalf of yourself, please complete this section.

Witness Name Phone Number
James C. Robinson in behalf of Tony Weaver

Home Address *President of United Democratic Townships Org. aka Unity St. Louis Pac*
6762 Mignon Dr.

City State Zip Code
Florissant *mo* *63033*

Business/Organization: if testifying on behalf of a business or organization, 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.

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.



2022 Judicial Redistricting Commission
WITNESS APPEARANCE FORM
February 25, 2022

WITNESS INFORMATION

Please complete **ONE** of the following sections. Please Print

Individual: if testifying only on behalf of yourself, please complete this section.

Witness Name <i>Sharon Schneeberger</i>	Phone Number <i>573 443-4605</i>
--	---

Home Address <i>605 Thilly</i>		
-----------------------------------	--	--

City <i>Columbia</i>	State <i>MO</i>	Zip Code <i>65203</i>
-------------------------	--------------------	--------------------------

Business/Organization: if testifying on behalf of a business or organization, 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.

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.

<i>Asking for fair mo Senate map.</i>



2022 Judicial Redistricting Commission
WITNESS APPEARANCE FORM
February 25, 2022

WITNESS INFORMATION

Please complete **ONE** of the following sections. Please Print

Individual: if testifying only on behalf of yourself, please complete this section.

Witness Name	Phone Number
--------------	--------------

Home Address

City	State	Zip Code
------	-------	----------

Business/Organization: if testifying on behalf of a business or organization, please complete this section.

Witness Name <i>MARILYN McLEOD</i>	Title <i>PRESIDENT</i>
---------------------------------------	---------------------------

Business/Organization Name: <i>LEAGUE OF WOMEN VOTERS</i>	Phone Number <i>573-239-3708</i>
--	-------------------------------------

Home Address <i>3109 GREEN RIDGE RD</i>
--

City <i>COLUMBIA</i>	State <i>MO</i>	Zip Code <i>65202</i>
-------------------------	--------------------	--------------------------

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.

<p><i>GENERAL STATEMENT ABOUT THE NEED FOR A FAIR MAP FOR MISSOURI'S SENATE DISTRICTS</i></p>



472

2022 Judicial Redistricting Commission
WITNESS APPEARANCE FORM
February 25, 2022

WITNESS INFORMATION

Please complete ONE of the following sections.

Please Print

Individual: if testifying only on behalf of yourself, please complete this section.

Witness Name <i>Shane Schoeller</i>	Phone Number <i>417-868-4053</i>
--	-------------------------------------

Home Address <i>940N. Boonville, Room 113</i>
--

City <i>Springfield</i>	State <i>MO</i>	Zip Code <i>65802</i>
----------------------------	--------------------	--------------------------

Business/Organization: if testifying on behalf of a business or organization, please complete this section.

Witness Name	Title
--------------	-------

Business/Organization Name: <i>MO Association of County Clerks & Election Authorities</i>	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.

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.

--