



2021 House Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
November 10, 2021

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>MITCH WRENW</i>	Phone Number <i>660-376-2869</i>
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Home Address <i>598 W. LAKE</i>

City <i>MARCELINE</i>	State <i>MO.</i>	Zip Code <i>64658</i>
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Business/Organization: if testifying on behalf of a business or organization, please complete this section.

Witness Name <i>MITCH WRENW</i>	Title <i>member</i>
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Business/Organization Name: <i>LINN COUNTY DEM'S CLUB</i>	Phone Number <i>SAME</i>
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Home Address <i>SAME</i>

City <i>SAME</i>	State <i>SAME</i>	Zip Code <i>SAME</i>
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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
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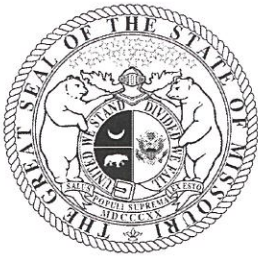
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).
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TESTIMONY

Please briefly summarize the testimony to be presented.

<i>Georgetown Marceline, MO - My home town</i>
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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>Andrea Jackson</i>	Phone Number <i>660-349-0988</i>
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Home Address <i>28496 Nature Lane</i>		
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City <i>LaPlata</i>	State <i>MD</i>	Zip Code <i>63549</i>
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Business/Organization: if testifying on behalf of a business or organization, please complete this section.

Witness Name	Title
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Business/Organization Name:	Phone Number
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Home Address		
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City	State	Zip Code
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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
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Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).		
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TESTIMONY

Please briefly summarize the testimony to be presented.

<i>Seeking fair & equal representation for our rural area —</i>

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2021 House Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
November 10, 2021

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>Nancy Copenhaver</i>	Phone Number <i>660-263-5725</i>
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Home Address <i>1512 Ridgeline Dr.</i>

City <i>Moberly</i>	State <i>MO</i>	Zip Code <i>65270</i>
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Business/Organization: if testifying on behalf of a business or organization, please complete this section.

Witness Name	Title
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Business/Organization Name:	Phone Number
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Home Address

City	State	Zip Code
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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
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Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).
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TESTIMONY

Please briefly summarize the testimony to be presented.

<i>attached & sent on line</i>
