

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

November 14, 2013

Mr. Jim Salter
Associated Press

RE: Joseph Franklin CP-133

Dear Mr. Salter:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, November 20, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, November 19, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director

An Equal Opportunity Employer

EXHIBIT
3 Part I

SIGNATURE

[Handwritten Signature]

DATE 9-21-02

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.
I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If yes, please list the name of the organization(s).

Explain why you are requesting to be a witness to an execution in the State of Missouri. *Im in the Missouri State Penitentiary*

Are you related to anyone by blood or marriage who is currently employed in state service? "Yes" provide name, relationship and agency.

Within the last 2 years have you ever been employed by the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? Yes No. If "Yes" please list name, DOC number and facility name.

Have you ever been incarcerated in a-conventional facility? If "Yes" please provide the following: FACILITY, CITY/STATE, HOW LONG?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.) MONTH/YEAR OFFENSE(S) / ACTION TAKEN ARREST AGENCY STATE CITY/ZIP

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however, false information can be grounds for ineligibility.

STREET CITY STATE PHONE NUMBER

HOME ADDRESS (STREET) CITY STATE

NAME *Jim Salter* SOCIAL SECURITY NUMBER CITIZEN OF US? GENDER

C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

INSTRUCTIONS: A. Please Print

STATE WITNESS APPLICATION
DEPARTMENT OF CORRECTIONS
STATE OF MISSOURI



Jeremiah W. (Jay) Nixon
Governor



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George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur – "We Strive Towards Excellence"

November 15, 2013

Mr. Todd Scott

RE: Joseph Franklin CP-133

Dear Mr. Scott:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, November 20, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, November 19, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor



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George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

November 15, 2013

Ms. Jessica Machetta
Missouri Net

RE: Joseph Franklin CP-133

Dear Ms. Machetta:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, November 20, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, November 19, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

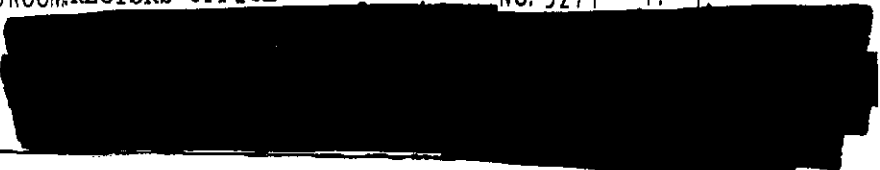
Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION



INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo, 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
JESSICA MACHETTA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for Ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



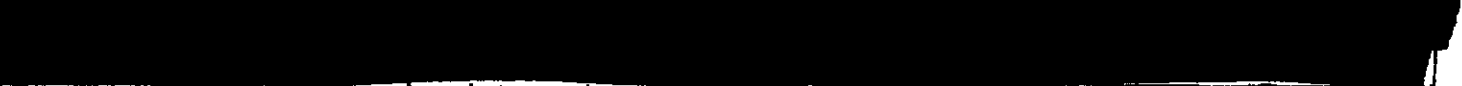
If you answer "Yes" to any of the above, provide information in the space provided, (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

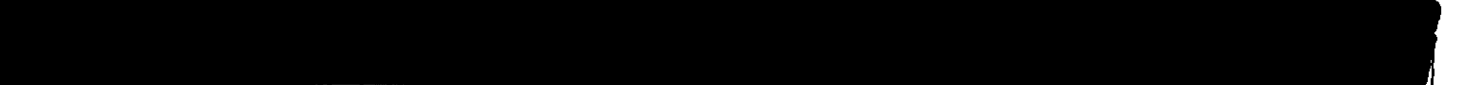
Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.



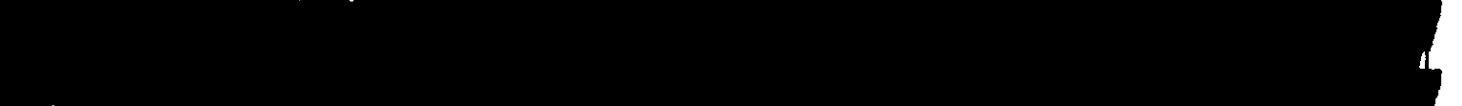
Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.



Explain why you are requesting to be a witness to an execution in the State of Missouri.

The Missouri net covers executions.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).



I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
[Signature]	05/28/09

Jeremiah W. (Jay) Nixon
Governor



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George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

November 14, 2013

Mr. Jeremy Robertson

RE: Joseph Franklin CP-133

Dear Mr. Robertson:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, November 20, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, November 19, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

RECEIVED
OCT 10 2013

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME: Jeremy A Robertson DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] "Yes" provide name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.

As a Criminal Justice graduate I am interested in seeing the criminal justice system carried out to the fullest extent.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED]

If Yes, please list the name of the organization(s). [REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: [Signature] DATE: 10-10-2013



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: **Office of Director, P. O. Box 236, Jefferson City Mo. 65102**

NAME <i>Jeremy Robertson</i>	DOB [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET) [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	HOME PHONE NUMBER [REDACTED]
PLACE OF EMPLOYMENT [REDACTED]	TYPE OF BUSINESS [REDACTED]			
STREET [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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[REDACTED]

Have you ever been incarcerated in a correctional facility? *[REDACTED]* If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
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[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? *[REDACTED]* If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? *[REDACTED]* "Yes" provide: name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.
To enhance my knowledge of the death penalty phase and experience the criminal justice system carried out to the fullest extent of the law.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? *[REDACTED]*
If Yes, please list the name of the organization(s)

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>[Signature]</i>	DATE <i>7-1-09</i>
---------------------------------	-----------------------

Jeremiah W. (Jay) Nixon
Governor



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George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

November 14, 2013

Mr. Daniel Gerwitz

RE: Joseph Franklin CP-133

Dear Mr. Gerwitz:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, November 20, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, November 19, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink that reads "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

OK

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>Daniel James Gerwitz</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]				

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]		

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? "Yes" provide: name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.

As a Criminal Justice Major with ambitions for law school, I wish to see and experience the full extent of our justice system before entering the field.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>Daniel Gerwitz</i>	DATE <i>19 Oct 2013</i>
------------------------------------	----------------------------

Mr. Director:

My name is Daniel Gerwitz, [REDACTED] Criminal Justice [REDACTED]

[REDACTED] I am writing to formally request that my name be added to the list as a possible state witness in any upcoming capital punishment sentences being carried out by lethal injection. [REDACTED]

[REDACTED]

[REDACTED] My application is enclosed. Thank you for your time and consideration.

Daniel Gerwitz

-Daniel Gerwitz





CONFIDENTIAL



Office of Director
P.O. Box 236
Jefferson City, MO, 65102





STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

AUG 29 2013
DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: **Office of Director, P. O. Box 236, Jefferson City Mo. 65102**

NAME: A. Wayne Smith DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (Inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri. The state is Required to have state witnesses - a duty that most people do. I feel this is a way that I can help do the job for the state of Missouri

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If "Yes" please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: A. W. Smith DATE: 8-23-13

Jeremiah W. (Jay) Nixon
Governor



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George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

November 14, 2013

Mr. Michael Calhoun

RE: Joseph Franklin CP-133

Dear Mr. Calhoun:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, November 20, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, November 19, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

RECEIVED

NOV 6 2013

DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Michael Calhoun	DOB [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	CITIZEN OF US? [REDACTED]	GENDER [REDACTED]
HOME ADDRESS (STREET) [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	HOME PHONE NUMBER [REDACTED]
PLACE OF EMPLOYMENT [REDACTED]	TYPE OF BUSINESS [REDACTED]			
STREET [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



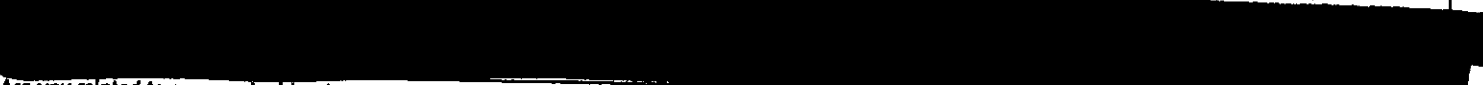
If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

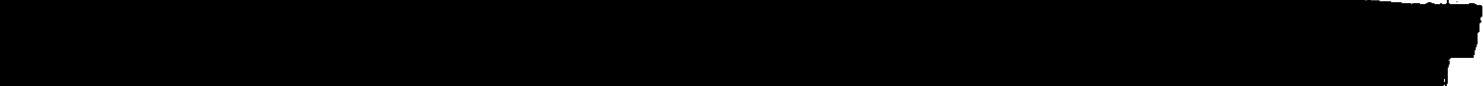
Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? No If "Yes" please list name, DOC number and facility name.



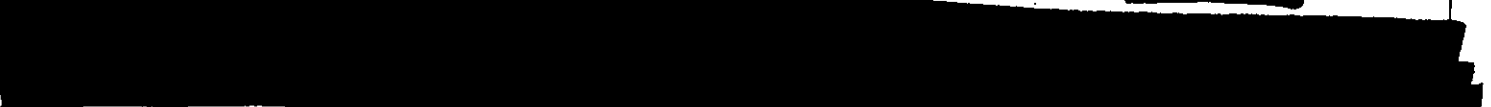
Are you related to anyone by blood or marriage who is currently employed in state service? "Yes" provide: name, relationship and agency.



Explain why you are requesting to be a witness to an execution in the State of Missouri.

to educate the citizens of Missouri as a journalist

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).



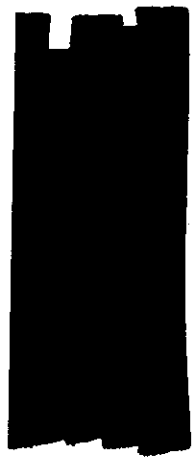
I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>Michael Calhoun</i>	DATE 8-29-13
-------------------------------------	------------------------

Office of Director
P.O. Box 230
Jefferson City, MO 65102

Michael Cainoun





STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>Michael P. Lear</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
TYPE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for Ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (Inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I am requesting to be a witness as a duty of my job to inform the public as a member of the media.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>Michael P. Lear</i>	DATE <i>09/19/2013</i>
-------------------------------------	---------------------------



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>Michael P. Lear</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF BUSINESS	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.
I am requesting to be a witness as a duty of my job to inform the public as a member of the media.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>Michael P. Lear</i>	DATE <i>09/19/2013</i>
-------------------------------------	---------------------------

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

December 6, 2013

Mr. Barry Smith

RE: Allen Nicklasson CP-127

Dear Mr. Smith:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 238, Jefferson City Mo. 65102

NAME Barry W. Smith	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? *Yes* provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

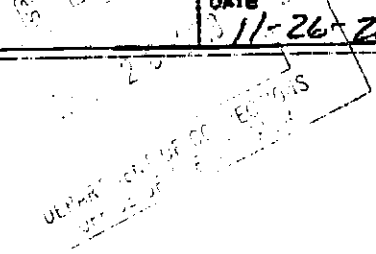
I am Requesting to be a state witness to observe the process and to understand the Departments Capital punishment procedures.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>[Signature]</i>	DATE 11-26-2013
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facsimile transmittal

To:	Ms. Debbie Vance	Fax:	1-573-526-0880
From:	[REDACTED] Barry Smith	Date:	11-26-17
Re:	Stoddard's Aberdeen	Pages:	2
Cc:			

Urgent For review Please comment Please reply Please recycle

Message:

confidential

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

December 6, 2013

Mr. Michael Lear
Missouri Net

RE: Allen Nicklasson CP-127

Dear Mr. Lear:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur – "We Strive Towards Excellence"

December 6, 2013

Mr. Jim Salter
Associated Press

RE: Allen Nicklasson CP-127

Dear Mr. Salter:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director

OK



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo, 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
Jim Salter	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

[REDACTED]

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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[REDACTED]

Have you ever been incarcerated in a correctional facility? "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
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[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri. I'm the AP reporter covering the execution

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
[Signature]	9-21-10

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

December 6, 2013

Ms. Allison Blood
CBS Radio - KMOX

RE: Allen Nicklasson CP-127

Dear Ms. Blood:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

RECEIVED
AUG 29 2013
DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	ALLISON BLOOD	DOB	[REDACTED]	SOCIAL SECURITY NUMBER	[REDACTED]	CITIZEN OF US?	[REDACTED]	GENDER	[REDACTED]
HOME ADDRESS (STREET)	[REDACTED]	CITY	[REDACTED]	STATE	[REDACTED]	ZIP CODE	[REDACTED]	HOME PHONE NUMBER	[REDACTED]
PLACE OF EMPLOYMENT	[REDACTED]	TYPE OF BUSINESS			[REDACTED]				
STREET	[REDACTED]	CITY	[REDACTED]	STATE	[REDACTED]	ZIP CODE	[REDACTED]	BUSINESS PHONE NUMBER	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
 - B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
 - C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
 - D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
 - E. Are there current charges pending against you for any criminal offense(s)?
- If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? Yes please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? Yes if "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? Yes provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I'm a reporter wishing to cover the story for CBS radio in St. Louis

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	[Signature]	DATE	8.28.13
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Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur – "We Strive Towards Excellence"

December 6, 2013

Mr. Chad Smith

RE: Allen Nicklasson CP-127

Dear Mr. Smith:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style with a large initial "G".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <u>Chad Hunter Smith</u>		DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT		TYPE OF BUSINESS			
STREET		CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I am a Criminal Justice Major. I have visited a Maximum Security Prison (Eddyville, KY) and the Death Row as well as the execution chamber. I feel like witnessing an execution would complete that experience. I read there are two executions to take place in October and November. I would like to witness one of them if possible.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <u>Chad Smith</u>	DATE <u>9.5.13</u>
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Vance, Debbie

From: Chad Smith [REDACTED]
Sent: Friday, August 30, 2013 10:14 AM
To: Vance, Debbie
Subject: Re: FW: Miscellaneous Inquiry/Execution Witness

Debbie,

My address is [REDACTED] Thank you very much!

On Fri, 8/30/13, Vance, Debbie <Debbie.Vance@doc.mo.gov> wrote:

Subject: FW: Miscellaneous Inquiry/Execution Witness
To: [REDACTED]
Date: Friday, August 30, 2013, 8:08 AM

Chad: This is to confirm receipt of your e-mail requesting application to be a state witness for an execution. Please forward me your mailing address and I will send you a state witness application form for you to fill out and return to me.

If you have further questions or need additional information please contact me.

Debbie Vance
Administrative Assistant
MO Department of Corrections
2729 Plaza Drive
Jefferson City, MO 65109
PHONE: 573-526-6607

-----Original Message-----

From: Chad Smith [REDACTED]
Sent: Friday, August 30, 2013 9:44 AM
To: DOC.Constituent Services
Subject: Miscellaneous Inquiry/Execution Witness

To Whom It May Concern,

My name is Chad Smith, I am [REDACTED] studying Criminal Justice [REDACTED] I recently watched some videos and it came to my attention that in executions there are usually 8-12 witnesses wanted that are not affiliated with the parties involved to witness the execution. In light of this information I would like to volunteer for this. I have visited <http://missourideathrow.com> and read an article from August 14, 2013 that there are two executions in place: one for October 23 and the other for November 20 of this year. My motives for this are simple: 1) I think that for my major doing this could give me a better insight on what I would like to do with this career, 2) I have visited a Maximum Security prison (Kentucky State Penitentiary in Eddyville, Kentucky) and have walked through their Death Row facility and went to their new execution room. I thought that since I have been to a major prison, walked through Death Row, saw the Death Row inmates as well as been in an execution room this would be seeing it through to the end in a sense, for me. I understand that there might be a large list of volunteers for this, but I am a [REDACTED]

so when I noticed [REDACTED] that these two executions were to take place this fall, I felt the need to want to volunteer for one if not both of these. I understand the seriousness of the situation and will be willing to be a witness if allowed. If you could please reply at your earliest convenience.

Thank you,

Chad Smith



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print

B. Complete entire questionnaire, attach additional sheets if necessary.

C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
Stevie L Badger	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility?	If "Yes" please provide the following.	
FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
RELEASE DATE	OFFENSE	
[REDACTED]	[REDACTED]	

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? No If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Taking psychology classes at [REDACTED], thinking about majoring in psychology or criminology.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
Stevie L Badger	20 Sept 2013

[REDACTED]

[REDACTED]

RECEIVED
SEP 24 2013
DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR

FAX COVER SHEET

To: Debbie Vonne From: Stevie L Barber
Fax: 573-5210-0880 Pages: 2
Phone: [REDACTED] Date:
Re: State witness application CC:

Urgent For Review Please Comment Please Reply Please Recycle

●Comments:

This transmission contains CONFIDENTIAL INFORMATION which may also be LEGALLY PRIVILEGED and which is intended only for the individual or entity named above. If the reader of this facsimile is not the recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby on notice that you are in possession of confidential and privileged information. Any dissemination or copying of this facsimile is strictly prohibited. If you received this facsimile in error, please immediately notify the college so we may arrange to retrieve this transmission at no cost to you.

OTC is an EEO/AA Employer

[REDACTED]

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are listed in a column, and the addresses are listed in a column to the right. The names are: [Illegible names]. The addresses are: [Illegible addresses].

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur – "We Strive Towards Excellence"

December 6, 2013

Mr. Jason Gollon

RE: Allen Nicklasson CP-127

Dear Mr. Gollon:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: **Office of Director, P. O. Box 236, Jefferson City Mo. 65102**

NAME Jason H. Gollon DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	RELEASE DATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] No. If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I want to be a witness to better understand the process. This will also assist me in my job duties. Also to provide a service to the State.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquires made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Jason H. Gollon DATE 11/19/13

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

December 6, 2013

Mr. Robert Rosenfield

RE: Allen Nicklasson CP-127

Dear Mr. Rosenfield:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, December 11, 2013.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, December 10, 2013 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi". The signature is written in dark ink on a white background.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print

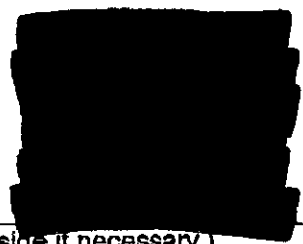
B. Complete entire questionnaire, attach additional sheets if necessary.

C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
Rosenfield Robert L	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
OFFICE ADDRESS (STREET)	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

CITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

As part of my civic duty along with voting just duty & community involvement witnessing an execution will increase my civic-mindedness involvement & awareness

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If yes, please list the name of the organization(s).



I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
Robert L Rosenfield	2/9/06

Robert L. Rosenfield

mailed application
2-3-06

[REDACTED]

DATE: February 1, 2006
TO: Larry Crawford, Director, DOC
FROM: Bob Rosenfield [REDACTED] *BR*
SUBJECT: Witness to Execution

[REDACTED] I asked them how to become a witness for an execution. They both told me to contact you about it.

I am requesting that I be called as a witness for an execution at ERDCC.

They also told me that if I am chosen, that your office will contact me. Is this sort of thing done on an "as needed" basis?

If you have the time, please stop by the [REDACTED] the next time you are down this way.

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

January 9, 2014

Mr. Neal Honickman

RE: Herbert Smulls CP-100

Dear Mr. Honickman:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Herbert Smulls CP-100 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

On the evening of Tuesday, January 28, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cellular phones, cameras and any electronic or recording device, etc. in your vehicle if possible. All witnesses must agree to obey all regulations and instructions while in the institution.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi". The signature is written in dark ink and is positioned above the printed name and title.

George A. Lombardi
Director

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
WITNESS APPLICATION



INSTRUCTIONS: A. Please Print

B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME: Neal Honickman

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor or offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR OFFENSE(S) / ACTION TAKEN ARREST AGENCY STATE CITY/ZIP

Have you ever been incarcerated in a correctional facility? [REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED]

My father was murdered by Herbert Smalls Car #990100

Explain why you are requesting to be a witness to an execution in the State of Missouri. [REDACTED]

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE

Neal Honickman

DATE: 1/2/14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

January 9, 2014

Ms. Mindy Wilner

RE: Herbert Smulls CP-100

Dear Ms. Wilner:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Herbert Smulls CP-100 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

On the evening of Tuesday, January 28, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cellular phones, cameras and any electronic or recording device, etc. in your vehicle if possible. All witnesses must agree to obey all regulations and instructions while in the institution.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
MINDY WILNER	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? Yes No If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? Yes No
If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? Yes No
If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I'm the daughter of both victims. I would like to be there as support to my Mother who survived the attack.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? Yes No
If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
Mindy Wilner	12/20/13

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

January 9, 2014

Mr. Amikam Pistiner

RE: Herbert Smulls CP-100

Dear Mr. Pistiner:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Herbert Smulls CP-100 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

On the evening of Tuesday, January 28, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cellular phones, cameras and any electronic or recording device, etc. in your vehicle if possible. All witnesses must agree to obey all regulations and instructions while in the institution.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive, written over a white background.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME AMIKAM PISTNER DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (Inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR OFFENSE(S) / ACTION TAKEN ARREST AGENCY STATE CITY/ZIP



Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY CITY/STATE HOW LONG?

RELEASE DATE STATUS OFFENSE



Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.



Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.



Explain why you are requesting to be a witness to an execution in the State of Missouri.

MY SIGNIFICANT OTHER WAS ONE OF THE VICTIMS AND I WOULD LIKE TO BE PRESENT AS SUPPORT TO HER.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).



I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Amikam Pistner DATE 12-22-13

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

January 9, 2014

Ms. Florence Honickman

RE: Herbert Smulls CP-100

Dear Ms. Honickman:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Herbert Smulls CP-100 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

On the evening of Tuesday, January 28, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cellular phones, cameras and any electronic or recording device, etc. in your vehicle if possible. All witnesses must agree to obey all regulations and instructions while in the institution.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read 'George A. Lombardi', is written over a faint, larger version of the same signature.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

WITNESS APPLICATION

- INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME FLORENCE HONICKMAN DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]
STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for Ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

RELEASE DATE	STATUS	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

My Husband Stephen Honickman was murdered by Herbert Smalls + I was a victim and also shot twice by Herbert Smalls - in the arm + chest area.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If Yes, please list the name of the organization(s).

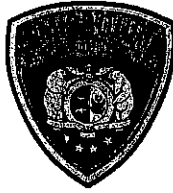
I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Florence Honickman

DATE 12-22-13

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

January 24, 2014

Mr. Bob Priddy
Missourinet

RE: Herbert Smulls CP-100

Dear Mr. Priddy:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



MEDINA
 STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
 STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
 B. Complete entire questionnaire, attach additional sheets if necessary.
 C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME **BOB PRIDDY** DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, associated with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

The Missouri net covers all executions

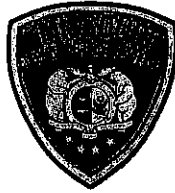
Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE *[Handwritten Signature]* DATE *8/22/05*

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

January 24, 2014

Mr. Jim Salter
Associated Press

RE: Herbert Smulls CP-100

Dear Mr. Salter:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

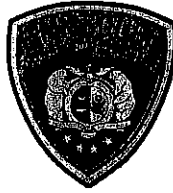
It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor



George A. Lombardi
Director

2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

January 24, 2014

Mr. William Powell
St. Louis Magazine

RE: Herbert Smulls CP-100

Dear Mr. Powell:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS AFFIDAVIT



DEFENDANT'S A. FOLLOWS PAGE

B. Complete entire questionnaire, which includes witness affidavit if necessary.

C. Return completed questionnaire to Warden of Missouri State Penitentiary, P.O. Box 136, Jefferson City, Missouri 64101.

NAME: William H. Powell

HOME ADDRESS (NUMBER AND STREET):

CITY:

STATE:

ZIP CODE:

PLACE OF BIRTH:

THE OFFENSE:

SEX:

AGE:

STATE:

ZIP CODE:

STREET:

CITY:

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I also authorize any further use of information provided on this questionnaire. This includes employment verification and criminal history checks.

I hereby certify that this application contains no misrepresentation or fabrication and that the information given by me is true and complete to the best of my knowledge and belief.

I have read this application and agree to the terms and conditions of the affidavit.

And you, or have you ever been, a member of any group or organization opposed to, or in support of, the defendant?

To what club or organization are you a member?

Reason why you are requesting to be a witness to an individual's trial?

Are you related to anyone by blood or marriage who is currently charged with a crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

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Have you ever been arrested, charged with a crime, or convicted of any crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

Have you ever been arrested, charged with a crime, or convicted of any crime?

DATE: 1/8/2013

SIGNATURE: W. H. Powell

Jeremiah W. (Jay) Nixon
Governor



George A. Lombardi
Director

2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

January 24, 2014

Mr. Brock VanLoo

RE: Herbert Smulls CP-100

Dear Mr. VanLoo:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: **Office of Director, P. O. Box 236, Jefferson City Mo. 65102**

NAME: Brock H. Van Loo DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US? [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

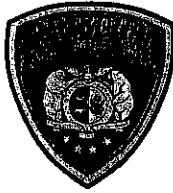
Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquires made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

NATURE: B. Van Loo [REDACTED] DATE: Dec. 11, 2013

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

January 24, 2014

Mr. Dennis Hufford

RE: Herbert Smulls CP-100

Dear Mr. Hufford:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME: DENNIS G. HUFFORD
DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE: [REDACTED] REASON: [REDACTED]

Within the last 2 years have you visited or had contact with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I WAS IN CHARGE OF THE HOMICIDE INVESTIGATION.
CHESTERFIELD P.D. REPORT 91-183589 FROM 7/27/1991

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: *Dennis Hufford* #104 DATE: 1/21/14

MO 831-8038 (12-98) LIEUTENANT DENNIS HUFFORD #104



CONFIDENTIALITY NOTICE
The contents of this transmission are confidential and intended only for the eyes of the name recipient. Any dissemination or use by others is strictly prohibited. In the event that you have received this transmission in error, please contact the sender at the phone number or fax number on this letterhead.

REFERENCE:

DATE: 12/14 PAGES TO FOLLOW: 3 TIME: _____

OUR FAX NUMBER: (636) 537-6798

FROM: G. Hufford

FIRM OR COMPANY:

TO: DOC Debbie Vance FAX NUMBER: 573-526-6007



FAX TRANSMITTAL SHEET



990 Chesterfield Pkwy W • Chesterfield MO 63017-0760 Phone: 636-537-3000 • Fax 636-537-6798 • www.chesterfield.mo.us

COLONEL RAY JOHNSON
CHIEF OF POLICE

City of
Chesterfield

DEPARTMENT OF POLICE



Vance, Debbie

From: Denny Hufford [REDACTED]
Sent: Wednesday, January 22, 2014 2:05 AM
To: Vance, Debbie
Subject: RE: Execution - State Witness Requests.doc
Attachments: SMULLS Witness Request.pdf; HUFFORD Police ID.pdf

Per instructions, I faxed a copy, with my police identification. I also made PDF's and attached them to this e-mail.

In 1991, I was Detective Lieutenant and in charge of the HONICKMAN murder investigation. (Chesterfield Police Report 91-183589.) I'm sorry for the late request, but I just found out about HERBERT SMULLS execution date. It took me a couple of days to decide if I really wanted to be there. I decided, if possible, I should be there.

Thank you for your consideration. If necessary, my cell phone is [REDACTED] I'm on midnight shift, so I'll sleep most of the day and won't answer. You can leave a message or e-mail me.

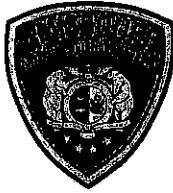
From: Vance, Debbie [mailto:Debbie.Vance@doc.mo.gov]
Sent: Tuesday, January 21, 2014 4:44 PM
To: Denny Hufford
Subject: Execution - State Witness Requests.doc

Attached is the information/state witness application that you have requested.

Debbie Vance
Administrative Assistant
Department of Corrections
2729 Plaza Drive
Jefferson City, MO 65109
Phone: 573-526-6607

This electronic mail transmission and the information contained in it, or attached as a file to it, are intended for the exclusive use of the intended recipient(s). This email should be considered "unofficial communication" and does not necessarily reflect the official position of the City of Chesterfield. An "official position" of the City shall only be communicated in letter form, using City letterhead. The recipient should check this email and any attachments for the presence of viruses. The City of Chesterfield accepts no liability for any damage caused by any virus transmitted by this email.

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

January 24, 2014

Mr. Dean Waldemer

RE: Herbert Smulls CP-100

Dear Mr. Waldemer:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 238, Jefferson City Mo, 65102

NAME: Dean P. Waldemer
DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

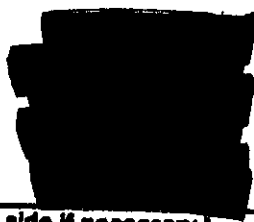
HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I was the lead prosecutor in State of MO vs Herbert Smalls

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: Dean P. Waldem DATE: 1-7-2014

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

January 24, 2014

Ms. Lisa Jones

RE: Herbert Smulls CP-100

Dear Ms. Jones:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, January 29, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, January 28, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. An informational pamphlet with additional details is enclosed.

Prior to the escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style with a large initial "G".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME LISA M. JONES DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following:

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri. I worked extensively with victims on this case as well as other murders in our office.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s). [REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Lisa M. Jones DATE 1/7/14

OFFICE OF PROSECUTING ATTORNEY

ROBERT P. McCULLOCH
Prosecuting Attorney

Victim Service Division
7900 CARONDELET
ST. LOUIS COUNTY, MISSOURI 63105

(314) 815-4872



FAX NUMBER: (314)615-7590

FAX COVER SHEET

DATE: January 7, 2014

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED IN THE LETTERHEAD VIA THE U.S. POSTAL SERVICE. THANK YOU.

TO: Debbie Vance, 573-526-0880

FROM: Lisa Jones, Victim Service Division, St. Louis Prosecuting Attorney's Office

NO. OF PAGES (Including Cover Sheet) 2

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Ms. Jessica Machetta
Missourinet

RE: Jeffrey Ferguson CP-98

Dear Ms. Machetta:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. Jim Salter
Associated Press

RE: Jeffrey Ferguson CP-98

Dear Mr. Salter:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
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Jefferson City, Missouri 65102
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State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. William McClellan
St. Louis Post Dispatch

RE: Jeffrey Ferguson CP-98

Dear Mr. McClellan:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>William A. McClellan</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide name, title and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.
I covered Ferguson's trial, and have written several stories about the case. I also knew Ferguson's father who was a photographer at the paper.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>William A. McClellan</i>	DATE <i>3-05-14</i>
--	------------------------

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

March 17, 2014

Ms. Carey Gillam

RE: Jeffrey Ferguson CP-98

Dear Ms. Gillam:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

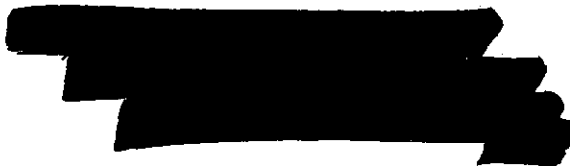
Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION



INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 238, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
Carey Gillam	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.



Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide name, relationship and agency.



Explain why you are requesting to be a witness to an execution in the State of Missouri. I am based in Kansas City, working for the global news organization Reuters. I have covered Michael Taylor's case and want to cover it.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

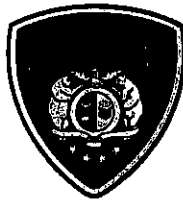
I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
<i>Carey Gillam</i>	Feb/5/11

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. David Nelson

RE: Jeffrey Ferguson CP-98

Dear Mr. Nelson:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>David E. Nelson</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]				

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]		
RELEASE DATE	STATUS	OFFENSE
[REDACTED]		

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.

As an Academy instructor, this will allow me to witness the end of the C-2 process. As Adjunct faculty at [REDACTED] and [REDACTED], it will allow me greater insight when lecturing.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information provided to me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>David E. Nelson</i>	DATE <i>2/28/2014</i>
-------------------------------------	--------------------------

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. Barry Smith

RE: Jeffrey Ferguson CP-98

Dear Mr. Smith:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 238, Jefferson City Mo. 65102

NAME: Barry W. Smith DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE: [REDACTED] OFFENSE: [REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

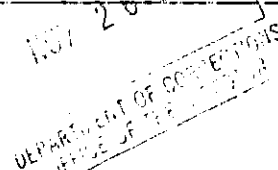
I am Requesting to be a state witness to observe the process and to understand the Departments Capital punishment procedures.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: [Handwritten Signature] DATE: 11-26-2013



Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Ms. Vicki Dillon

RE: Jeffrey Ferguson CP-98

Dear Ms. Dillon:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

Jeffrey Ferguson.

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
Vicki DILLON				
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	HOW LONG?

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

MY Family, indirectly, was involved in the capture of his partner in this murder they committed. I was involved from the beginning (in speaking with FBI + such) + would like to see it through to the end.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
Vicki Dillon	2-13-14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Ms. Sue Gardner

RE: Jeffrey Ferguson CP-98

Dear Ms. Gardner:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director

Jeffrey Ferguson

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION



INSTRUCTIONS: A. Please Print

B. Complete entire questionnaire, attach additional sheets if necessary.

C. Return completed application to: Office of Director, P. O. Box 238, Jefferson City Mo. 65102

NAME: Sue Ellen Gardner
DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US? [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED] STREET: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (partner, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/TOWN	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following:

RELEASE DATE: [REDACTED] STATUS: [REDACTED] OFFENSE: [REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (prisoner, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I know about this through Nick Dillon (another applicant) and I am also her transportation.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If "Yes" please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

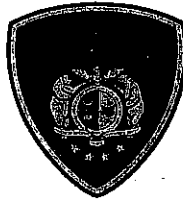
I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: Sue Ellen Gardner

DATE: 2/20/2014

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

March 21, 2014

Mr. Michael Harvey

RE: Jeffrey Ferguson CP-98

Dear Mr. Harvey:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in cursive script, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
MICHAEL J. HARVEY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in a state service? If "Yes" provide: name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I WAS THE INVESTIGATING DETECTIVE IN THIS CASE.
I INTERVIEWED JEFFREY FERGUSON

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
Michael J. Harvey	3-21-14



TIMOTHY A. LOHMAR
 PROSECUTING ATTORNEY OF ST. CHARLES COUNTY
 300 N. SECOND STREET, SUITE 601
 ST. CHARLES, MISSOURI 63301
 636.949.7355

FACSIMILE TRANSMISSION

Please deliver the following pages:

TO: DEBBIE VANCE - DEPARTMENT OF CORRECTIONS

FROM: MICHAEL J. HARVEY

RE: JEFFREY FERGUSON - EXECUTION

Transmitted to (573) 506-0880

Date: 3-21-14 Time: _____ a.m./p.m.

TOTAL NUMBER OF PAGES, including cover sheet TWO

If you encounter difficulties in receiving this transmission, please call _____
 @ (636) 949-_____ ext. _____, during normal business hours, Monday thru
 Friday 8:00a.m. until 5:00p.m.

COMMENTS:

THANK YOU. SORRY FOR THE LATE
NOTICE.

m.j. Harvey



CONFIDENTIALLY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL TRANSMISSION TO US AT THE ADDRESS ABOVE VIA U.S. MAIL. THANK YOU.

All Services Are Provided On A Nondiscriminatory Basis

Jeremiah W. (Jay) Nixon
Governor



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-526-0880
TDD Available

George A. Lombardi
Director

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur – "We Strive Towards Excellence"

March 21, 2014

Dear Mike Harvey:

Reference is made to your interest in witnessing an execution. Missouri Statute authorizes the Department of Corrections to invite up to eight witnesses as official state witnesses. Please complete the enclosed application and return to the Director's Office for consideration. You may fax the completed application to 573-526-0880.

Please feel free to contact me at 573-526-6607 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debbie Vance".

Debbie Vance
Administrative Assistant

Enc.

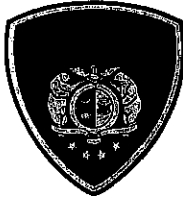
Mike Harvey from the St. Charles
prosecutor's office. Said he was
the investigating officer on the
Ferguson case and would like to
be a witness

[REDACTED]

[REDACTED]

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 24, 2014

Mr. Patrick McCarrick

RE: Jeffrey Ferguson CP-98

Dear Mr. McCarrick:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, March 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION



INSTRUCTIONS: A. Please Print

B. Complete entire questionnaire, attach additional sheets if necessary.

C. Return completed application to: Office of Director, P. O. Box 238, Jefferson City Mo. 65102

NAME

PATRICK D. McCHARICK

DOB

[REDACTED]

SOCIAL SECURITY NUMBER

CITIZEN OF US? GENDER

HOME ADDRESS (STREET)

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

PLACE OF EMPLOYMENT

TYPE OF BUSINESS

STREET

CITY

STATE

ZIP CODE

BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR

OFFENSE(S) / ACTION TAKEN

ARREST AGENCY

STATE

CITY/ZIP

Have you ever been incarcerated in a correctional facility?

If "Yes" please provide the following:

FACILITY

CITY/STATE

HOW LONG?

RELEASE DATE

STATE

OFFENSE

Within the last 2 years have you asked, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)?

If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service?

If "Yes" provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I WAS INVOLVED IN THE INVESTIGATION OF THE KIDNAPING, RAPE AND MURDER FOR WHICH THE INMATE IS BEING EXECUTED. I am, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty?

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

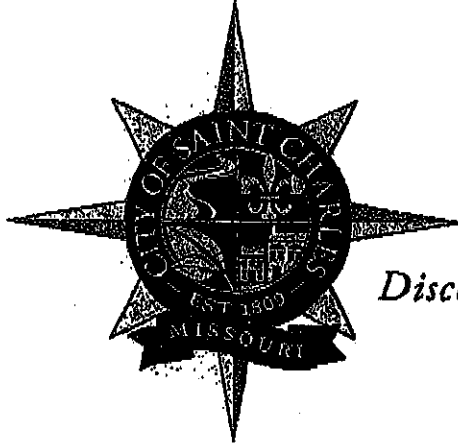
I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE

[Handwritten Signature]

DATE

3-24-14



Discover.

FAX TRANSMISSION COVER SHEET

DATE: 3-24-14

TO: DEBBIE VANCE

OF: DOC

FAX: 573-526-0880

RE: FERGUSON STATE WITNESS AP

SENDER: Mc CARRICK

YOU SHOULD RECEIVE 2 PAGE(S), INCLUDING THIS COVER SHEET.

NOTES: _____

Police Department

City of Saint Charles
1781 Zumbahl Road
Saint Charles, MO 63303
636.949.3300
www.stcharlescitymo.gov

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. James Hall

RE: Jeffrey Ferguson CP-98

Dear Mr. Hall:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME JAMES HALL DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



Have you ever been incarcerated in a correctional facility? No Yes. If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]



RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? No Yes. If "Yes" please list name, DOC number and facility name.



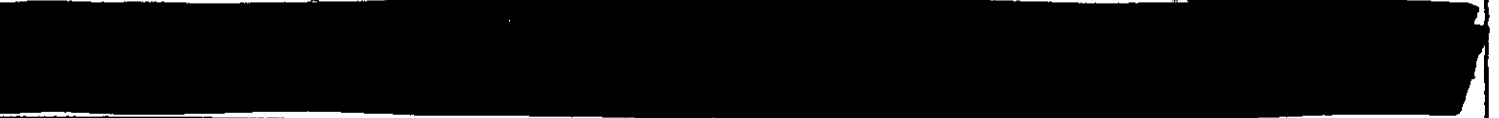
Are you related to anyone by blood or marriage who is currently employed in state service? No Yes. If "Yes" provide: name, relationship and agency.



Explain why you are requesting to be a witness to an execution in the State of Missouri.

THIS PERSON MURDERED MY DAUGHTER AND I WANT TO SEE HIM PAY THE PRICE.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).



I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE

DATE 3-4-14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Ms. Susan King

RE: Jeffrey Ferguson CP-98

Dear Ms. King:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME SUSAN C. KING DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

My daughter WAS MURDERED BY JEFFREY FERGUSON

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).



I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE

Susan C. King

DATE 2/27/14



Michelle Kasak, Victim Serv. Coord.
Missouri Dept. of Corrections
3400 Knipp Drive
Jefferson City, MO.

65109



Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. Michael Venegoni Jr

RE: Jeffrey Ferguson CP-98

Dear Mr. Venegoni:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME MICHAEL LOUIS VENECONI JR. DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN/CLUS? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.
MY REASON FOR WANTING TO ATTEND "MR. FERGUSON'S" EXECUTION, IS BECAUSE HE KILLED MY LITTLE SISTER. ANY OTHER QUESTION OR CONCERNS, PLEASE JUST CALL.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE [Signature] DATE 3-4-14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. Stephen Hall

RE: Jeffrey Ferguson CP-98

Dear Mr. Hall:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

DATE 7/1/92

SIGNATURE [Signature]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

[Redacted]

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If yes, please list the name of the organization(s).

Jeffery killed my sister and would like to watch

Explain why you are requesting to be a witness to an execution in the State of Missouri.

[Redacted]

Are you related to anyone by blood or marriage who is currently employed in state service? If yes, provide: name, relationship and agency.

[Redacted]

Within the last 2 years have you visited, accompanied with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If yes, please list name, DOC number and facility name.

[Redacted]

RELEASE DATE STATUS OFFENSE

[Redacted]

FACILITY

CITY/STATE

HOW LONG

Have you ever been incarcerated in a correctional facility? If yes, please provide the following.

[Redacted]

MONTH/YEAR

OFFENSE(S) / ACTION TAKEN

ARREST AGENCY

CITY/ZIP

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

E. Are there current charges pending against you for any criminal offense(s)?

(inmate, probationer, parolee, etc.)?

D. Are you in any way related to someone under supervision of the Department of Corrections

C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?

B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?

A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?

for ineligibility.

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds

[Redacted]

STREET

CITY

STATE

ZIP CODE

BUSINESS PHONE NUMBER

[Redacted]

PLACE OF EMPLOYMENT

TYPE OF BUSINESS

HOME ADDRESS (STREET)

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

NAME

STEPHEN J HALL

DOB

SOCIAL SECURITY NUMBER

CITIZEN OF US?

GENDER

C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

INSTRUCTIONS: A. Please Print

B. Complete entire questionnaire, attach additional sheets if necessary.

STATE OF MISSOURI DEPARTMENT OF CORRECTIONS STATE WITNESS APPLICATION



Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Ms. Melissa Hall

RE: Jeffrey Ferguson CP-98

Dear Ms. Hall:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>Melissa M. Hall</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			

STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
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CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (Inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
RELEASE DATE	STATUS	OFFENSE

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Jeffrey killed my husband sister and I want to support him and my family.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE
Melissa Hall

D.YE
2-27-14

Stephen + Melissa Hall



Michelle Kasak, Victim Service Coordinator
Missouri Department of Corrections
3400 Knipp Drive.
Jefferson City, MO 65109



Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

March 14, 2014

Mr. Tim Parres

RE: Jeffrey Ferguson CP-98

Dear Mr. Parres:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME TIM PARRIS DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for Ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] "Yes" provide: name, relationship and agency.

I WAS LIVING WITH KELLI + SUSAN HALL AT THE TIME OF HER MURDER
I WAS KELLI'S BOYFRIEND

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Timothy P. Parris DATE 2-28-14

WITNESS
↙

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

March 17, 2014

Mr. Steven Becher

RE: Jeffrey Ferguson CP-98

Dear Mr. Becher:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Jeffrey Ferguson CP-98 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, March 26, 2014.

On the evening of Tuesday, March 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME: Steven J Becher DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Kelli Hall was my 2nd cousin and we were the same age - we spent time together, along with her brother Stephen, at family gatherings growing up. I attended Ferguson's trial and sentencing and attending the execution would provide some closure. I also want to be there to support Jim + Stephen

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: [Signature]

MAR 17 2014
DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR
DATE: 3/10/14



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>Steven J Becher</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	RELEASE DATE	STATUS	OFFENSE
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.
Kelli Hall was my 2nd cousin and we were the same age - we spent time together along with her brother Stephen, at family gatherings growing up. I attended Ferguson's trial and sentencing and attending the execution would provide some closure. I also want to be there to support Jim + Stephen

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>[Signature]</i>	DATE <i>3/10/14</i>
---------------------------------	------------------------

Missouri Department of Corrections
Office of the Director, George Lombardi
Office of Victim Services
3400 Knipp Drive
Jefferson City, MO 65109
(573) 526-0545



Fax

To: Debbie Vance

From: Sheri Hildreth, OVS

Fax: 526-0880

Pages: 3, including cover sheet

Phone: 526-6607

Date: March 17, 2014

RE: Witness App

Fax: 573-526-2574

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

Debbie,

Please see the attached Witness Application for the upcoming execution of Offender Ferguson.

The original was placed into Inter-Agency Mail Thursday afternoon, so it would have gone out on Friday. You should be receiving that within the next day or two. Sorry.

Please let me know if you need anything else.

Sheri Hildreth
573-526-0545

Sten B. L.

[REDACTED]

[REDACTED]

[REDACTED]



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 298, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
CHRIS PARMETER	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	ADDRESS NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? No Yes, please provide the following.

FACILITY	HOW LONG?
[REDACTED]	[REDACTED]

RELEASE DATE | STATUS | REASON

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.

MY SECOND COUSIN

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
Chris Parmeter	3/23/14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Mr. Michael Lear
Missourinet

RE: William Rousan CP-131

Dear Mr. Lear:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
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TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Exelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Mr. Jim Salter
Associated Press

RE: William Rousan CP-131

Dear Mr. Salter:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



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TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Mr. Douglas Smith
Lee Enterprises / Daily Journal

RE: William Rousan CP-131

Dear Mr. Smith:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive.

George A. Lombardi
Director

Rousan



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
Douglas P. Smith	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	EDUCATIONAL INSTRUCTION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
[REDACTED]	[REDACTED]			
STREET	CITY	STATE	ZIP CODE	EDUCATIONAL INSTRUCTION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? *Yes* please provide the following.

FACILITY	HOW LONG?
[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DO# number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? *Yes* provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

For worky The Daily Journal (newspaper) was the lead news agency on the Rousan Lewis murder case - this is for a future story.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE	DATE
[Signature]	09/02/11

* This request is regarding the William Rousan execution

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Mr. Jimmy Sexton
Sexton Media Group Inc

RE: William Rousan CP-131

Dear Mr. Sexton:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Jimmy Lee Sexton DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF USA? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

[REDACTED]

[REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? No Yes please provide the following.

FACILITY	HOW LONG?
[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? No Yes please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? No Yes provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.
Research for newspaper story/column as well as for a book I'm writing, aimed at helping young teens make right decisions & stay away from drugs & alcohol.

Are you or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? No Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE [Signature] DATE 2/13/14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Ms. Stevie Badger

RE: William Rousan CP-131

Dear Ms. Badger:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read 'George A. Lombardi', is written over a light yellow rectangular background.

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Ms. Pamela Restemayer

RE: William Rousan CP-131

Dear Ms. Restemayer:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Pamela J. Restemayer DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I believe this experience would benefit me in my future career goals

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Pamela Restemayer DATE 7/27/2014

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

April 15, 2014

Ms. Cheree Gaunt

RE: William Rousan CP-131

Dear Ms. Gaunt:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Cheree Gaunt SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US [REDACTED] GENDER [REDACTED]

HOME ADDRESS STREET CITY STATE ZIP CODE HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED]

STREET CITY STATE ZIP CODE BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	HOW LONG?
[REDACTED]	[REDACTED]

RELEASE DATE LOCATION OFFICE [REDACTED]

Within the last 3 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Are you, or have you ever been, a member of a group or organization opposed to, or in support of, the death penalty?

If "Yes", please list the name of the group/organization.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Cheree Gaunt DATE 2/20/14



STATE OF MISSOURI
FACSIMILE TRANSMITTAL

DATE 2/20/14

TO
Director's Office



FAX NUMBER
573-526-0880

RE

Cheree Gaunt

SPECIAL INSTRUCTIONS/REMARKS

State Witness Application
for consideration

ANY PROBLEMS WITH TRANSMITTAL,
CALL

NUMBER OF TOTAL PAGES (including this one)
2

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

April 16, 2014

Mr. Heath Babayco

RE: William Rousan CP-131

Dear Mr. Babayco:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, April 22, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME: Babayo Heath
DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I feel its something that I need to see first hand

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: [Handwritten Signature] DATE: 1-1-2014

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

April 14, 2014

Mr. Michael Lewis

RE: William Rousan CP-131

Dear Mr. Lewis:

The purpose of this letter is to confirm your selection as a victim witness at the execution of William Rousan CP-131 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

On the evening of Tuesday, April 22, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi", is written over a yellow rectangular redaction box.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Michael Lee Lewis DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	ADDRESS	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

To bring closure to at least one part of my parents murder

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE [Signature] DATE 3/27/2014

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director

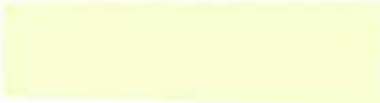


2729 Plaza Drive
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TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

April 14, 2014

Ms. Sheryl Lewis



RE: William Rousan CP-131

Dear Ms. Lewis:

The purpose of this letter is to confirm your selection as a victim witness at the execution of William Rousan CP-131 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

On the evening of Tuesday, April 22, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi", is written over a light-colored background.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Sheryl Diane Lewis DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	DATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

My mother and father-in-law, Grace and Charles Lewis were killed by William Roussan.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE [Handwritten Signature]

DATE 3-27-14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
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State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

April 14, 2014

Ms. Mary Vennemann

RE: William Rousan CP-131

Dear Ms. Vennemann:

The purpose of this letter is to confirm your selection as a victim witness at the execution of William Rousan CP-131 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

On the evening of Tuesday, April 22, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Mary VenneMann DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE [REDACTED]

PLACE OF EMPLOYMENT [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY	STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri. sentencing of William Kousan.

I am the daughter of Charles and Grace Lewis who were murdered in 1993. This is part of the court process - a final step.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED] If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Mary E VenneMann

DATE 4/3/14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

April 14, 2014

Mr. Mike Vennemann
[Redacted]

RE: William Rousan CP-131

Dear Mr. Vennemann:

The purpose of this letter is to confirm your selection as a victim witness at the execution of William Rousan CP-131 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

On the evening of Tuesday, April 22, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo, 65102

NAME Mike Vennemann DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

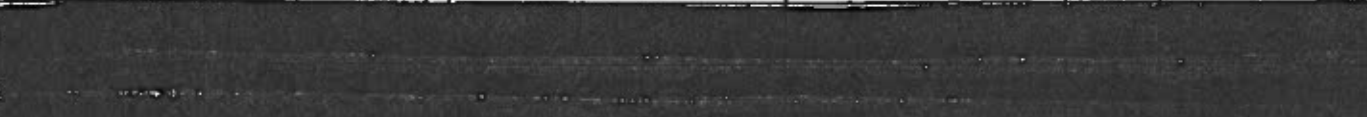
CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (Inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

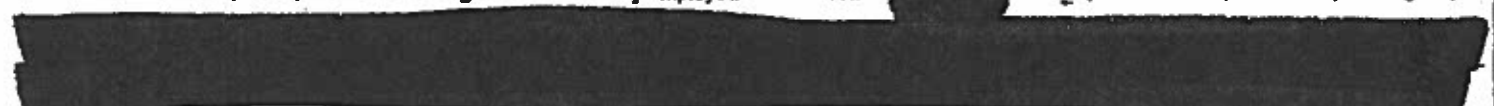
RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]



Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.



Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.



Explain why you are requesting to be a witness to an execution in the State of Missouri. Re: William Rousan

I am the spouse of Mary Vennemann, daughter of victims Charles and Grace Lewis.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).



I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Mike Vennemann

DATE 4-7-14

Michael G. Vennemann

Office of Director
P.O. Box 236
Jefferson City, MO
65102

[Redacted]

[Redacted]

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Exelleum Conamur - "We Strive Towards Excellence"

April 14, 2014

Ms. Karen Cooper

RE: William Rousan CP-131

Dear Ms. Cooper:

The purpose of this letter is to confirm your selection as a victim witness at the execution of William Rousan CP-131 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

On the evening of Tuesday, April 22, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME: Karen Cooper | DOB: [REDACTED] | SOCIAL SECURITY NUMBER: [REDACTED] | CITIZEN/DEUS?: [REDACTED] | GENDER: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] | CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED] | HOME PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED] | TYPE OF BUSINESS: [REDACTED]

STREET: [REDACTED] | CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED] | BUSINESS PHONE NUMBER: [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

[REDACTED]

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? No Yes. If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE	STATUS	OFFENSE
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? No Yes. If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? No Yes. If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I owe it to my parents

I owe it to

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? No Yes. If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: Karen R Cooper | DATE: 29 Mar 2014

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
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State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

April 14, 2014

Mr. Jason Cooper

RE: William Rousan CP-131

Dear Mr. Cooper:

The purpose of this letter is to confirm your selection as a victim witness at the execution of William Rousan CP-131 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, April 23, 2014.

On the evening of Tuesday, April 22, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi", written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Jason Cooper | DOB [REDACTED] | SOCIAL SECURITY NUMBER [REDACTED] | CITIZEN OF US? [REDACTED] | GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] | CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] | TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] | CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (Inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

[REDACTED]

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR | OFFENSE(S) / ACTION TAKEN | ARREST AGENCY | STATE | CITY/ZIP

[REDACTED]

Have you ever been incarcerated in a correctional facility? [REDACTED] If "Yes" please provide the following.

FACILITY [REDACTED] | CITY/STATE [REDACTED] | HOW LONG? [REDACTED]

RELEASE DATE [REDACTED] | STATUS [REDACTED] | OFFENSE [REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

To see justice done for the murders of my Mother-in-law and Father-in-law.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Jason D. Cooper

DATE 3/29/14

emiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

Mr. Robert Harrison

RE: Michael Taylor CP-89

Dear Mr. Harrison:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Michael Taylor CP-89 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

On the evening of Tuesday, February 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Robert Thomas Harrison		DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT			TYPE OF BUSINESS		
STREET		CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
 B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
 C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
 D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
 E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP

Have you ever been incarcerated in a correctional facility? No Yes. If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG

RELEASE DATE	STATUS	OFFENSE

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? No Yes. If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? No Yes. If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Michael Taylor murdered my 15 year old daughter on March 22, 1989

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? No Yes. If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE: **Robert T. Harrison** DATE: **2-17-14**



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <u>Janel Valera Harrison</u>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
RELEASE DATE	STATUS	OFFENSE

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

Michael Taylor murdered my 15 year old daughter on
March 22, 1989

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <u>Janel Valera Harrison</u>	DATE <u>2-17-14</u>
---	------------------------

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

Ms. Janel Harrison

RE: Michael Taylor CP-89

Dear Ms. Harrison:

The purpose of this letter is to confirm your selection as a victim witness at the execution of Michael Taylor CP-89 at the Eastern Reception Diagnostic & Correctional Center, Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

On the evening of Tuesday, February 25, 2014 please report to the front gate of the Eastern Reception Diagnostic & Correctional Center at 10:15 p.m. and identify yourself as a victim witness. Current picture identification will be required prior to admittance. Please leave purses, brief cases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines, so you may bring in change for the machines. All witnesses must agree to obey all regulations and instructions while in the institution. An informational pamphlet with additional details is enclosed.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME DAVID M HARRISON DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Have you ever been incarcerated in a correctional facility? Yes please provide the following.

FACILITY	RELEASE DATE	STATUS	OFFENSE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, communicated with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? Yes please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? Yes provide name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

In support, if requested, for my brother Bob Harrison and his wife

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE David M Harrison DATE Feb. 24, 2014



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Robert P. Reams DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?



If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Have you ever been incarcerated in a correctional facility? [REDACTED] "Yes" please provide the following.

FACILITY	LOCATION	HOW LONG?
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RELEASE DATE	STATUS	OFFENSE
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? [REDACTED] If "Yes" please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? [REDACTED] "Yes" provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

I am a member of the Harrison family (I am married to Ann who is the sister of Bob Harrison - father of victim, Ann Harrison). Attending to give support to the family.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? [REDACTED]
If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Robert P. Reams DATE 2-25-2014

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

Mr. Bob Priddy

RE: Michael Taylor CP-89

Dear Mr. Priddy:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, February 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

Mr. Jim Salter
Associated Press

RE: Michael Taylor CP-89

Dear Mr. Salter:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, February 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



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State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

Mr. Tony Rizzo
Kansas City Star

RE: Michael Taylor CP-89

Dear Mr. Rizzo:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, February 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is written in a cursive style.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>Anthony J. Rizzo</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]				
[REDACTED]				

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? Yes please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? Yes provide: name, relationship and agency.

Explain why you are desiring to be a witness to an execution in the State of Missouri.

I am a newspaper reporter and have covered the case of offender Michael Taylor.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>Anthony J. Rizzo</i>	DATE <i>1-31-2014</i>
--------------------------------------	--------------------------

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Exelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

The Honorable Mike Kelley

RE: Michael Taylor CP-89

Dear Representative Kelley:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, February 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi". The signature is fluid and cursive.

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME Mike Kelley DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

PLACE OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Have you ever been incarcerated in a correctional facility? If "Yes" please provide the following.

FACILITY	CITY/STATE	HOW LONG?
[REDACTED]	[REDACTED]	[REDACTED]

RELEASE DATE [REDACTED] STATUS [REDACTED]

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please list name, DOC number and facility name.

[REDACTED]

Are you related to anyone by blood or marriage who is currently employed in state service? If "Yes" provide: name, relationship and agency.

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri.

As a Mo. legislator, it feel its important to know all aspects of Corrections.

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? If Yes, please list the name of the organization(s).

[REDACTED]

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE Mike Kelley DATE 1-9-14

Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TTY: 800-735-2966

State of Missouri
DEPARTMENT OF CORRECTIONS
Ad Excelleum Conamur - "We Strive Towards Excellence"

February 19, 2014

Ms. Maria Bernard

RE: Michael Taylor CP-89

Dear Ms. Bernard:

The purpose of this letter is to confirm your selection to serve as a state witness at the execution of the above referenced inmate at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO at 12:01 a.m. on Wednesday, February 26, 2014.

You are to report to the administration building at the Eastern Reception Diagnostic & Correctional Center on the evening of Tuesday, February 25, 2014 at 10:30 p.m. Upon your arrival at the administration building, you will be required to present current identification with picture prior to admittance to comply with State Statute, which requires witnesses to be citizens who are at least 21 years of age. Please leave purses, briefcases, cell phones, cameras and any electronic or recording device, etc. in your vehicle if possible. You may bring in two (2) books or other reading material. In addition, if the execution does not occur at 12:01 a.m. as scheduled, meals and/or snacks will be provided. There will also be access to vending machines so you may bring in change for the machines. An informational pamphlet with additional details is enclosed.

Prior to escort to the witness area, you will be briefed regarding your duties and responsibilities as a state witness.

It is recommended that you call the institution to confirm the execution date and time before you travel to Bonne Terre, MO by calling 573-358-5516.

Sincerely,

A handwritten signature in black ink, appearing to read "George A. Lombardi".

George A. Lombardi
Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

INSTRUCTIONS: A. Please Print
B. Complete entire questionnaire, attach additional sheets if necessary.
C. Return completed application to: Office of Director, P. O. Box 236, Jefferson City Mo. 65102

NAME <i>MARLA BEWARD</i>	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF US?	GENDER
HOME ADDRESS (STREET)	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PLACE OF EMPLOYMENT	TYPE OF BUSINESS			
STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER

CRIMINAL HISTORY: A criminal record in itself does not necessarily make you ineligible, however false information can be grounds for ineligibility.

- A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense(s)?
- B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense(s)?
- C. Have you ever been arrested, charged or convicted of any crime related to alcohol or drugs?
- D. Are you in any way related to someone under supervision of the Department of Corrections (inmate, probationer, parolee, etc.)?
- E. Are there current charges pending against you for any criminal offense(s)?

If you answer "Yes" to any of the above, provide information in the space provided. (Use the back side if necessary.)

MONTH/YEAR	OFFENSE(S) / ACTION TAKEN	ARREST AGENCY	STATE	CITY/ZIP
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Have you ever been incarcerated in a correctional facility? Yes* please provide the following.

FACILITY	CITY/STATE	HOW LONG?
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Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? Yes* please list name, DOC number and facility name.

Are you related to anyone by blood or marriage who is currently employed in state service? Yes* provide: name, relationship and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri.

To serve as a representative for the family of the victim, Anne Marie Harrison for executions of both

Are you, or have you ever been, a member of any group or organization opposed to, or in support of, the death penalty? Yes, please list the name of the organization(s).

*Michael Taylor
& Roderick Nunley*

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I also authorize any inquiries made in connection with information provided on this questionnaire. This includes employment verification and criminal history checks.

SIGNATURE <i>Marla Beward</i>	DATE <i>2-3-14</i>
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Jeremiah W. (Jay) Nixon
Governor

George A. Lombardi
Director



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February 19, 2014

Mr. David Bernard

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George A. Lombardi
Director