



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 BERNARD</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
------------	---------------------------	---------------	-------	----------

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.

To serve as a representative for the family of the victim, ANNE MARIE HARRISON for executions of 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).

Roderick Nowley

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>2-3-14</i>
---------------------------------	-----------------------



fax

TO:	Debbie Vance State of Missouri Department of Corrections	FROM:	Marla Bernard
FAX:	573-526-0880	PAGES:	3 including cover sheet
PHONE:	573-526-6607	DATE:	2/3/2014
RE:	Michael Taylor Execution Witness Forms	CC:	

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Dear Ms. Vance:

Thank you for sending the witness forms to us so promptly. We were approved as witnesses for the execution of the killers of Anne Harrison (Michael Taylor and Roderick Nunley) previously and would like to be approved again as witnesses for both executions when these are scheduled. It is our understanding that the Taylor execution is scheduled for Feb. 26, 2014. We are serving as the representatives for the victim's parents, Bob and Janel Harrison. David and I are both retired law enforcement and, because we went through the process previously at the prison we understand what is involved and expected of the witnesses.

We thank you for your assistance and hope to hear from you soon.

Sincerely,

Marla Bernard

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. Albert DeValkenaere

RE: Michael Taylor CP-89

Dear Mr. DeValkenaere:

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 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 DeValkwaere, Albert A DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZEN OF US? [REDACTED] GENDER [REDACTED]

HOME ADDRESS [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] "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] "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 requesting to be a witness to the execution of Michael Tylon because I investigated the offense for which he is on death row from the scene to his confession, to his conviction and sentencing.

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 2-4-14



PLATTE CITY, MISSOURI POLICE DEPARTMENT

FACSIMILE TRANSMITTAL SHEET

TO: Debbie Vance	FROM: Lt. Albert DeValkenaere
COMPANY: Missouri Department of Corrections	DATE: 2/4/2014
FAX NUMBER: 573-526-0880	TOTAL NO. OF PAGES INCLUDING COVER: 2
RE: States Witness To The Execution of Michael Taylor	CC:

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

Ms. Vance

As I indicated on the phone at the time of the murder of Anne Harrison for which Michael Taylor is to be executed I was a Homicide Detective with the Kansas City Police Department. I worked the case from the scene, to the arrest and conviction of Michael Taylor and Roderick Nunley. I spoke with both suspects and took their confessions to the abduction, rape and murder of Anne. I feel it is my duty to see this case to the end. If you have any questions please contact me at [REDACTED]

Lt Albert DeValkenaere

* NOTICE *

This facsimile may contain Confidential Information, which may also be legally privileged and which is intended only for the use of the individual or entity above named. If the reader of this facsimile is not the intended recipient or agent responsible for delivering it to the intended recipient, you are hereby notified that you are in possession of confidential and privileged information. Any dissemination, distribution or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and return the original facsimile to the sender at the below address via the U.S. Postal Service.

900 FOURTH STREET, PLATTE CITY MISSOURI 64079
◆PHONE (816) 858-5150 ◆FAX (816) 858-5981

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. Robert Byland

RE: Michael Taylor CP-89

Dear Mr. Byland:

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 Byland, Robert L. 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
[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] "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.

See IF The Execution will have an effect on MY opinion on The Death Penalty

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 L. Byland DATE 2-3-14



STATE OF MISSOURI
FACSIMILE TRANSMITTAL

DATE 2-4-14

TO: Debbie

FROM: [REDACTED]

FAX NUMBER

FAX NUMBER

RE State Witness App

SPECIAL INSTRUCTIONS / REMARKS

Here is Bob app. - He would like to witness this next one - Michael Taylor.

ANY PROBLEMS WITH TRANSMITTAL, CALL

TOTAL NO. OF PAGES (including this one)
2

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission may contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity recipient named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of action in reliance on the contents of the telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for return of the original documents to us.

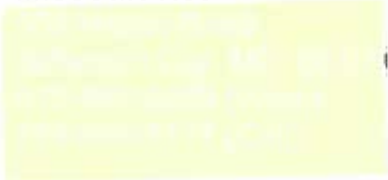
Scheulen, Melissa

From: Vance, Debbie
Sent: Monday, November 18, 2013 2:22 PM
To: Russell, Terry L ERDCC Warden
Cc: Dormire, Dave; Owen, David; Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

Let me know if you have any questions or need additional information. Thanks - Debbie

STATE WITNESS LIST
Joseph Franklin CP-133
November 20, 2013

Jessica Machetta
Missouri Net



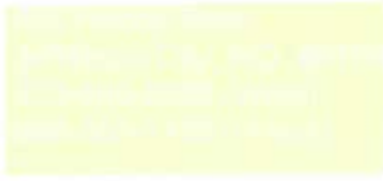
Jim Salter
Associated Press



Michael Calhoun
CBS Radio (KMOX-AM)



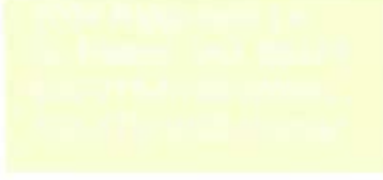
Michael Lear **Will Not Be Attending**
Missouri Net



Jeremy Robertson



Daniel Gerwitz



A. Wayne Smith **Will Not Be Attending**



Todd Scott



Scheulen, Melissa

From: Johnston, Becky
Sent: Monday, November 18, 2013 2:36 PM
To: Scheulen, Melissa
Subject: Execution - Witness Lists Franklin 11-19-13.doc
Attachments: Execution - Witness Lists Franklin 11-19-13.doc

Is this ok? bec

Joseph Franklin CP-133
November 20, 2013

STATE WITNESS LIST

W7.) Jessica Machetta
Missouri Net

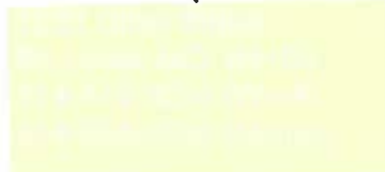


W8.) Jim Salter
Associated Press



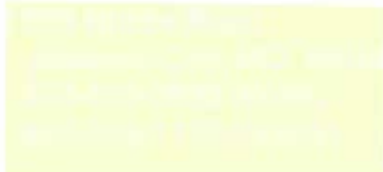
W9.) Michael Calhoun

CBS Radio (KMOX-AM



W10.) Michael Lear Will Not Be
Attending

Missouri Net



W11.) Jeremy Robertson



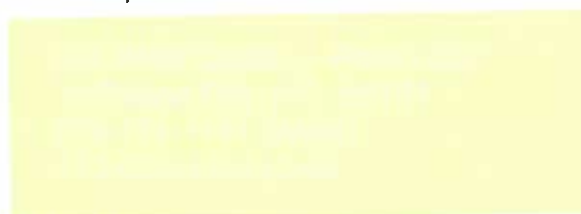
W12.) Daniel Gerwitz




W13.) A. Wayne Smith
Will Not Be Attending



W14.) Todd Scott



Offender Witness List

- W1.) Victoria Zubcic (Friend)
- W2.) Lori Gresham (Daughter)
- W3.) Ralph Peppers (Friend)
- W4.) Debra Peppers (Friend)
- W5.) Alina Pride (Friend)
- W6.) Tom Cummins (Ministerial )

Victim Witness List

NONE

Scheulen, Melissa

From: Vance, Debbie
Sent: Friday, December 06, 2013 3:36 PM
To: Lombardi, George; Dormire, Dave; Russell, Terry L ERDCC Warden; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

STATE WITNESS LIST
Allen Nicklasson CP-127
December 11, 2013

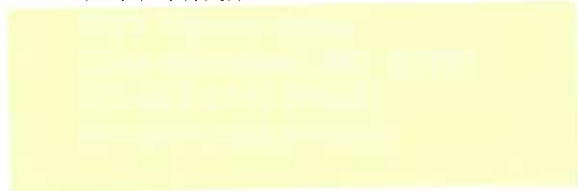
Michael Lear
Missouri Net



Allison Blood
CBS Radio - KMOX



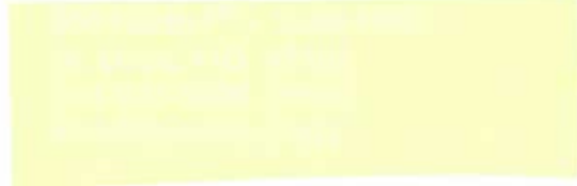
Chad Smith



Barry Smith



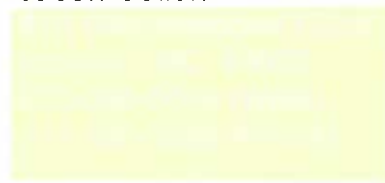
Jim Salter
Associated Press



Stevie Badger Will Not Be Attending



Jason Gallon



Robert Rosenfield



Scheulen, Melissa

From: Vance, Debbie
Sent: Friday, January 24, 2014 4:43 PM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: State Witness List & Victim Witness List
Attachments: Execution - State Witness List.doc; Execution - Victim Witness List.doc

**State Victim Witness List
Herbert Smulls CP-100
January 29, 2014**

Florence Honickman



Amikam Pistiner



Neal Honickman



Mindy Wilner



STATE WITNESS LIST
Herbert Smulls CP-100
January 29, 2014

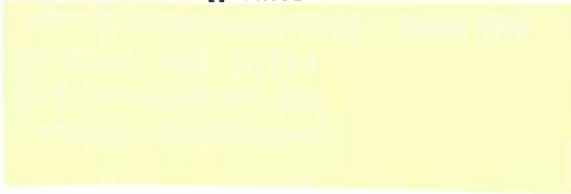
Bob Priddy
Missouri Net



Jim Salter
Associated Press



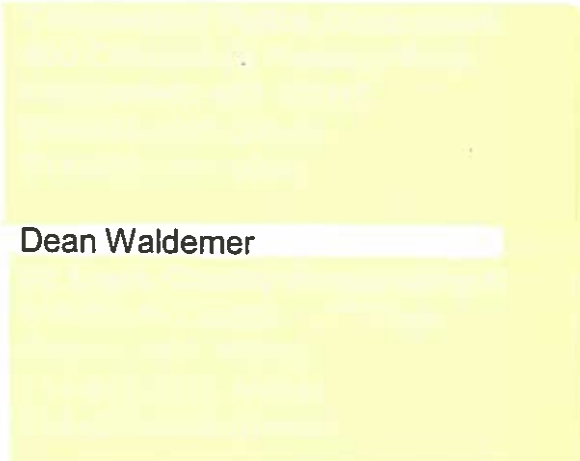
William Powell
St. Louis Magazine



Brock VanLoo



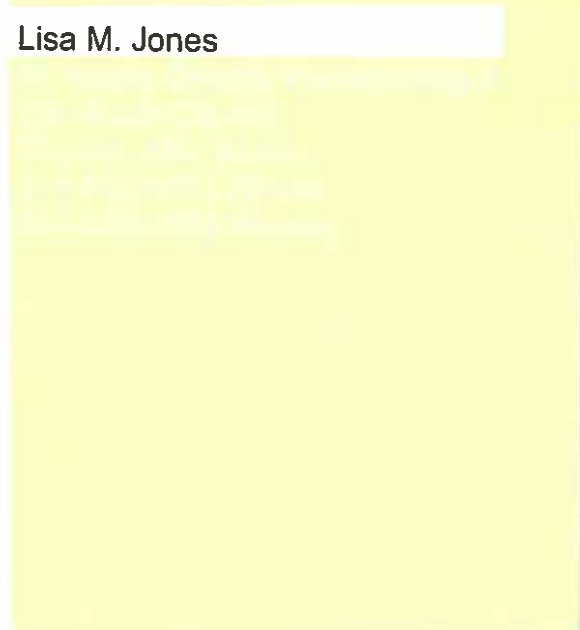
Dennis Hufford



Chad Smith **Will Not Be Attending**



Dean Waldemer



Lisa M. Jones

Scheulen, Melissa

From: Vance, Debbie
Sent: Thursday, February 20, 2014 9:38 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Briesacher, Matt; Owen, David; Kasak, Michelle
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

**Victim Witness List
Michael Taylor CP-89
February 26, 2014**

Robert Harrison



Janel Harrison



Scheulen, Melissa

From: Vance, Debbie
Sent: Thursday, February 20, 2014 9:39 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Briesacher, Matt; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

STATE WITNESS LIST
Michael Taylor CP-89
February 26, 2014

Bob Priddy
Missouri Net



Jim Salter
Associated Press



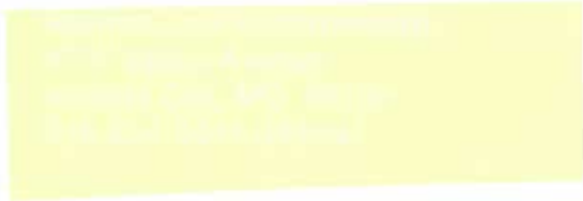
Anthony Rizzo
Kansas City Star



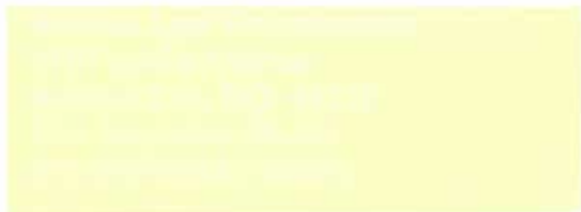
Mike Kelley



Marla Bernard



David Bernard



Lt. Albert DeValkenaere



Robert Byland



Scheulen, Melissa

From: Vance, Debbie
Sent: Monday, February 24, 2014 1:32 PM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Kasak, Michelle; Briesacher, Matt; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - REVISED Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

Attached please find a "revised" victim witness list. David Harrison, [REDACTED], may or may not attend. If you have any questions please contact me.

Thanks - Debbie

**Victim Witness List
Michael Taylor CP-89
February 26, 2014
REVISED 2/24/14**

Robert Harrison



Janel Harrison



David Harrison



Scheulen, Melissa

From: Black, Karen
Sent: Tuesday, February 25, 2014 8:47 AM
To: Kasak, Michelle
Cc: Vance, Debbie; Scheulen, Melissa
Subject: Victim Witness Request

Importance: High

I received a call this morning from Robert Reams. He is requesting to be put on the list as a victim witness. [REDACTED] His contact number is [REDACTED]

[REDACTED] I told Mr. Reams that I would have someone return his call.

Debbie, I left you a voice mail regarding this.

Thank you so much.

Karen Black, AOSA
Office of Terry Russell, Warden
ERDCC
2727 Highway K
Bonne Terre, MO. 63628
573-358-5516 ext. 1888
573-358-0734 fax

Scheulen, Melissa

From: Vance, Debbie
Sent: Tuesday, February 25, 2014 10:22 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Briesacher, Matt; Kasak, Michelle; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

Attached please find a second revision to the victim witness list. If you have any questions or need additional information please contact me.

Thanks - Debbie

**Victim Witness List
Michael Taylor CP-89
February 26, 2014
SECOND REVISION**

Robert Harrison



Janel Harrison



David Harrison



Robert Reams



Scheulen, Melissa

From: Vance, Debbie
Sent: Wednesday, March 19, 2014 9:55 AM
To: Dormire, Dave; Briesacher, Matt; Williams, Richard; Russell, Terry L ERDCC Warden; Kasak, Michelle; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

**Victim Witness List
Jeffrey Ferguson CP-98
March 26, 2014**

James Hall



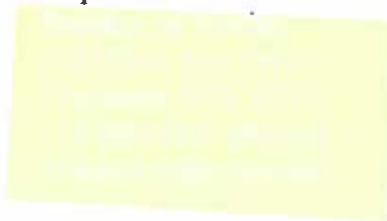
Susan King



Michael Venegoni Jr



Stephen Hall



Melissa Hall



Tim Parres



Steven Becher



Scheulen, Melissa

From: Vance, Debbie
Sent: Thursday, March 20, 2014 2:48 PM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Briesacher, Matt; Williams, Richard; Kasak, Michelle; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

A revised Victim Witness List for the upcoming execution of Jeffrey Ferguson is attached. The revision is highlighted in yellow on the attached document. FYI - Debbie

**Victim Witness List
Jeffrey Ferguson CP-98
March 26, 2014
Revised: March 20, 2014**

James Hall



Susan King



Michael Venegoni Jr



Stephen Hall



Melissa Hall



Tim Parres



Steven Becher (Will Not Be Attending)



Scheulen, Melissa

From: Vance, Debbie
Sent: Monday, March 24, 2014 12:51 PM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Owen, David; Williams, Richard; Briesacher, Matt; Kasak, Michelle
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

**Victim Witness List
Jeffrey Ferguson CP-98
March 26, 2014
Revised: March 24, 2014**

James Hall



Susan King



Michael Venegoni Jr



Stephen Hall



Melissa Hall



Tim Parres



Steven Becher (Will Not Be Attending)



Chris Parmeter



Scheulen, Melissa

From: Vance, Debbie
Sent: Wednesday, March 19, 2014 9:57 AM
To: Dormire, Dave; Briesacher, Matt; Williams, Richard; Russell, Terry L ERDCC Warden; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

**STATE WITNESS LIST
Jeffrey Ferguson CP-98
March 26, 2014**

**Jessica Machetta
Missouri Net**



**William McClellan
St. Louis Post Dispatch**



David Nelson



Vicki Dillon



**Jim Salter
Associated Press**



**Carey Gillam
Reuters**



Barry Smith



Sue Gardner



Scheulen, Melissa

From: Vance, Debbie
Sent: Friday, March 21, 2014 11:06 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Briesacher, Matt; Williams, Richard; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List - REVISED
Attachments: Execution - State Witness List.doc

Attached is a "revised" list of state witnesses for the upcoming scheduled execution of Jeffrey Ferguson. FYI - Debbie

STATE WITNESS LIST
Jeffrey Ferguson CP-98
March 26, 2014
Revised

Jessica Machetta
Missouri Net



William McClellan
St. Louis Post Dispatch



David Nelson



Vicki Dillon



Michael Harvey



Jim Salter
Associated Press



Carey Gillam
Reuters



Barry Smith



Sue Gardner



Scheulen, Melissa

From: Vance, Debbie
Sent: Monday, March 24, 2014 12:02 PM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Williams, Richard; Briesacher, Matt; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

Attached please find a "revised" State Witness List. Debbie

STATE WITNESS LIST
Jeffrey Ferguson CP-98
March 26, 2014
Revised – 3/24/14

Jessica Machetta
Missouri Net



William McClellan
St. Louis Post Dispatch



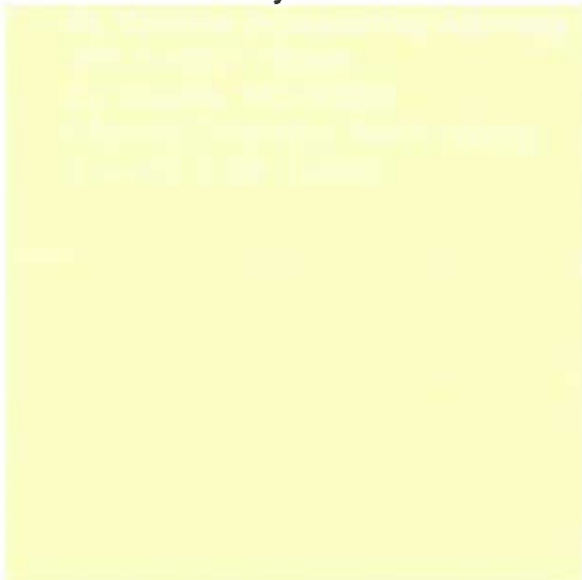
David Nelson



Vicki Dillon



Michael Harvey



Jim Salter
Associated Press



Carey Gillam
Reuters



Barry Smith



Sue Gardner



Patrick McCarrick



Scheulen, Melissa

From: Vance, Debbie
Sent: Friday, April 18, 2014 7:36 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Williams, Richard; Evans, Kimberly; Kasak, Michelle; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - Victim Witness List.doc
Attachments: Execution - Victim Witness List.doc

**Victim Witness List
William Rousan CP-131
April 23, 2014**

Michael Lewis



Sheryl Lewis



Mary Vennemann



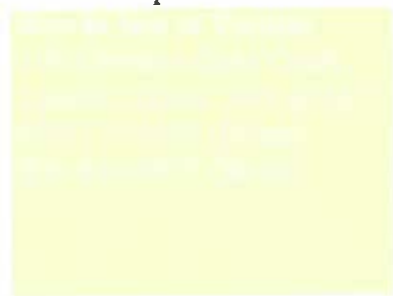
Mike Vennemann



Karen Cooper



Jason Cooper



Scheulen, Melissa

From: Vance, Debbie
Sent: Tuesday, April 22, 2014 9:35 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Williams, Richard; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc (REVISED)
Attachments: Execution - State Witness List.doc

I have made a second revision to the attached state witness list – Jimmy Sexton will not be attending. If you have any questions or need additional information please contact me.

Thanks - Debbie

STATE WITNESS LIST
William Rousan CP-131
April 23, 2014
REVISED 4/22/14

Michael Lear
Missouri Net



Douglas Smith
Daily Journal



Stevie Badger



Cheree Gaunt



Jim Salter
Associated Press



Jimmy Sexton (WILL NOT ATTEND)
Sexton Media Group Inc



Pamela Restemayer



Heath Babayco (WILL NOT ATTEND)



Scheulen, Melissa

From: Vance, Debbie
Sent: Monday, April 21, 2014 11:20 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Williams, Richard; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

I have made a revision to the attached state witness list – Heath Babayco will not be attending. If you have any questions or need additional information please contact me.

Thanks - Debbie

STATE WITNESS LIST
William Rousan CP-131
April 23, 2014
REVISED 4/21/14

Michael Lear
Missouri Net



Douglas Smith
Daily Journal



Stevie Badger



Cheree Gaunt



Jim Salter
Associated Press



Jimmy Sexton
Sexton Media Group Inc



Pamela Restemayer



Heath Babayco (WILL NOT ATTEND)



Scheulen, Melissa

From: Vance, Debbie
Sent: Friday, April 18, 2014 7:37 AM
To: Dormire, Dave; Russell, Terry L ERDCC Warden; Williams, Richard; Owen, David
Cc: Scheulen, Melissa; Black, Karen
Subject: Execution - State Witness List.doc
Attachments: Execution - State Witness List.doc

STATE WITNESS LIST
William Rousan CP-131
April 23, 2014

Michael Lear
Missouri Net



Douglas Smith
Daily Journal



Stevie Badger



Cheree Gaunt



Jim Salter
Associated Press



Jimmy Sexton
Sexton Media Group Inc



Pamela Restemayer



Heath Babayco



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 Exelleum Conamur – "We Strive Towards Excellence"

October 28, 2013

The Honorable Chris Koster
Attorney General – State of Missouri
P.O. Box 899
Jefferson City, MO 65102

RE: Joseph Franklin CP-133

Dear General Koster:

Pursuant to Section 546.740 RSMo, I hereby invite you to serve as a state witness at the execution of Joseph Franklin CP-133 scheduled for 12:01 a.m. on Wednesday, November 20, 2013 at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO.

Sincerely,

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

George A. Lombardi
Director

GAL/dlv

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 Exelleum Conamur – "We Strive Towards Excellence"

November 18, 2013

The Honorable Chris Koster
Attorney General – State of Missouri
P.O. Box 899
Jefferson City, MO 65102

RE: Allen Nicklasson CP-127

Dear General Koster:

Pursuant to Section 546.740 RSMo, I hereby invite you to serve as a state witness at the execution of Allen Nicklasson CP-127 scheduled for 12:01 a.m. on Wednesday, December 11, 2013 at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO.

Sincerely,


George A. Lombardi
Director

GAL/dlv

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 Exelleum Conamur - "We Strive Towards Excellence"

December 11, 2013

The Honorable Chris Koster
Attorney General – State of Missouri
P.O. Box 899
Jefferson City, MO 65102

RE: Herbert Smulls CP-100

Dear General Koster:

Pursuant to Section 546.740 RSMo, I hereby invite you to serve as a state witness at the execution of Herbert Smulls CP-100 scheduled for 12:01 a.m. on Wednesday, January 29, 2014 at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO.

Sincerely,


George A. Lombardi
Director

GAL/dlv

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"

January 29, 2014

The Honorable Chris Koster
Attorney General – State of Missouri
P.O. Box 899
Jefferson City, MO 65102

RE: Michael Taylor CP-89

Dear General Koster:

Pursuant to Section 546.740 RSMo, I hereby invite you to serve as a state witness at the execution of Michael Taylor CP-89 scheduled for 12:01 a.m. on Wednesday, February 26, 2014 at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Lombardi", is written over the typed name and title of the sender.

George A. Lombardi
Director

GAL/dlv

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 27, 2014

The Honorable Chris Koster
Attorney General – State of Missouri
P.O. Box 899
Jefferson City, MO 65102

RE: William Rousan CP-131

Dear General Koster:

Pursuant to Section 546.740 RSMo, I hereby invite you to serve as a state witness at the execution of William Rousan CP-131 scheduled for 12:01 a.m. on Wednesday, April 23, 2014 at the Eastern Reception Diagnostic & Correctional Center in Bonne Terre, MO.

Sincerely,

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

George A. Lombardi
Director

GAL/dlv



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. 64102

NAME: Renee Bronaugh

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:

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (Inmate, probationer, parolee, 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 a reporter I would like to experience the viewing of an execution so I can have a better understanding of what I am reporting about.

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: Renee Bronaugh

DATE: 4/1/14

ATTN: DEBBIE VANCE
DIRECTOR'S OFFICE



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 204, Jefferson City Mo. 65108

NAME EDWARD ARUNDEL PILKINGTON

HOME ADDRESS [REDACTED] CITY [REDACTED] STATE MO ZIP CODE [REDACTED] HOME PHONE NUMBER [REDACTED]

WORKING ADDRESS [REDACTED] CITY [REDACTED] STATE MO ZIP CODE [REDACTED] BUSINESS PHONE NUMBER [REDACTED]

STREET [REDACTED] CITY [REDACTED] STATE MO 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 (mate, 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.)

MONTHS [REDACTED] CHARGES/ACTION TAKEN [REDACTED] AGENCY [REDACTED] STATE [REDACTED] CITY [REDACTED]

Have you ever been incarcerated in a correctional facility? Yes No

Within the last 5 years have you worked, contracted with or been employed by the Missouri Department of Corrections (prison, parole, probation, etc.)? Yes No

Are you related to anyone in prison or parole who is currently employed in state service? Yes No

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

The Guardian US - a US-United Company - reports on the death penalty in Missouri and around the US, focusing on issues of public debate.

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

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 E. Pilkington DATE 05/02/2014



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 225, Jefferson City Mo, 65103

NAME
MARTIN W. ROBIK

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/TWP
[REDACTED]				

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

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, probationer, parolee, 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 wish to more fully understand and appreciate the role that*

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.

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]* ROBIK

DATE 04-29-19



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 Cynthia S. WANSING

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:

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 motivated to be a witness to an execution in the State of Missouri.

was unsure what I feel personally about the death penalty so I would like to witness for myself

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 Cynthia S. Wansing

DATE 4/30/14



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 238, Jefferson City Mo. 65102

NAME Babayo Heath SOCIAL SECURITY NUMBER CITIZENSHIP GENDER

HOME ADDRESS CITY

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.

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

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).

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

1-1-2014



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: Anthony M Brill
 HOME ADDRESS (STREET): _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME 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.

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 would like to witness the process to see how it is carried out.

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: 2-12-14



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 238, Jefferson City Mo. 65102

NAME DONALD E. WASIELEWSKI DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZENSHIP [REDACTED] GENDER [REDACTED]

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

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

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 was a police officer for a number years [REDACTED] I would like to witness the finality of a sentence. I believe it would enhance my overall experience.

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 5-15-14



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 Harry J. Otto

[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.

[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.)? 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 desire to see the process-determining if it is conducted with the proper level of professionalism & seriousness it deserves.

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.

[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 Harry J. Otto DATE 3/26/14



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 Chad Campbell DOB [REDACTED]
HOME ADDRESS (STREET) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] HOME 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 (prisoner, 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.

Within the last 5 years have you visited, communicated with anyone who is currently under the supervision of the Missouri Department of Corrections (prisoner, 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 interested in seeing the execution process for myself. I do not have an
one opinion about the death penalty, but I am curious as to how it is
carried out.

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 Chad Campbell DATE 12-4-13



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 P. Lear DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZEN OF US?: [REDACTED] GENDER: [REDACTED]
HOME ADDRESS (STREET): [REDACTED] CITY: [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.
[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.
[REDACTED]

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.
[REDACTED]

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 is 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? Yes No 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: Michael P. Lear DATE: 09/19/2013



MEDIA

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 Aurora D. TYLER DOB [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] CITIZENSHIP [REDACTED] GENDER [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.

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 cover the execution for the Missouri net.

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 Aurora Tyler

DATE 08/22/2008



MEDIA

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 G. Brent Martin

SOCIAL SECURITY NUMBER [REDACTED] CITIZENSHIP [REDACTED] RESIDENCE [REDACTED]

HOME ADDRESS [REDACTED] CITY [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.

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 always assigns a reporter to cover 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 G. Brent Martin DATE 8/23/08



MEDIA

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) CITIZEN OF US? [REDACTED] GENDER [REDACTED]

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

PERSON OF EMPLOYMENT [REDACTED] TYPE OF BUSINESS [REDACTED]

ST [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.

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.

The Missouri net owns 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 *8/22/08*



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: Christopher McDanel
SOCIAL SECURITY NUMBER: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE: [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:

[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.

To ensure that this solemn task is carried out constitutionally

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: Christopher McDanel DATE: 1/2/2014



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 226, Jefferson City Mo. 65102

NAME Laura A. Simon

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/TWP
[REDACTED]				

Have you ever been incarcerated in a correctional facility?

If "Yes" please provide the following:

Within the last 5 years have you visited, communicated 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 contact?

If "Yes" provide name, relationship and agency.

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

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 fabrication 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 employers, verification and criminal history checks.

SIGNATURE

DATE 5/13/14



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 Parole, P.O. Box 274, Jefferson City, MO 64501

NAME: Zachary Mattson

DATE OF BIRTH: [REDACTED] STATE: [REDACTED] COUNTY: [REDACTED]

TYPE OF OFFENSE: [REDACTED]

DATE OF RELEASE: [REDACTED]

CRIMINAL HISTORY: A detailed record in that does not necessarily fill you tonight, however false information can be grounds for inadmissibility.

A. Have you ever been arrested, issued a summons, charged or convicted of any felony offense?
 B. Have you ever been arrested, issued a summons, charged or convicted of any misdemeanor offense?
 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 (parents, grandparent, etc.)?
 E. Are there current charges pending against you for any criminal offense?

If you answer "Yes" to any of the above, provide information in the space provided. Also list each state if applicable.

MONTHS/YEAR | STATE/CITY/COUNTY | AGENT NUMBER | P.O. # | OTHER

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Explain why you are requesting to be a witness to an execution in the State of Missouri: From a newspaper (R.M. for [REDACTED])
City's local paper, which carries the responsibility of state agents of law enforcement
quality and for it is the responsibility of the state agent to enforce the law
 Are you, of your own free will, a member of any group or organization opposed to, or in support of, the death penalty? None

I hereby certify that this application contains no willful misrepresentation or fabrication and that the information given up 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: [Signature] Date: 3/6/2014



**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 328, Jefferson City Mo. 65109

NAME: **TOLGA TANIS** SOCIAL SECURITY NUMBER: [REDACTED] CITIZENSHIP: [REDACTED] GENDER: [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/TWP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

[REDACTED]

Within the last 5 years have you been associated with anyone who is currently under the supervision of the Missouri Department of Corrections (inmate, parolee, probationer, etc.)? If "Yes" please provide 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 am a reporter, and doing a story about the capital punishment in MS.

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: **4/29/2014**



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 **BEN KESLING**

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/TWP

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

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 REQUEST TO WITNESS AN EXECUTION AS A MEMBER OF A NATIONAL MEDIA OUTLET.
I WILL BE REPORTING THIS AS A NEWS EVENT**

Are you, 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 DATE **5/6/14**

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 225, Jefferson City Mo. 65102

NAME: AUGUST VALK

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 (prison, probation, parole, 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:

Within the last 2 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (prison, parole, probation, 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, position and agency.

Explain why you are requesting to be a witness to an execution in the State of Missouri. I COVER THE SUBJECT OF CAPITAL PUNISHMENT INTENSIVELY IN MY PAPER; THE UPCOMING EXECUTION OF RUSSELL AUCKLER PLAYS AN IMPORTANT ROLE IN MY COVERAGE

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
4-29-2014



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 238, Jefferson City Mo. 65102

NAME Jimmy Lee Sexton 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 BUSINESS [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:

[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.)? 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.

[REDACTED]

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? 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 2/13/14



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 226, Jefferson City Mo. 65102

NAME: Garrett Bergquist
 HOME ADDRESS (STREET): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE (AREA): [REDACTED]
 PLACE OF EMPLOYMENT: [REDACTED] LIST OF VEHICLES: [REDACTED]
 STREET: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] BUSINESS PHONE (AREA): [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 location.

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 member of the mid-Missouri news media who regularly covers death penalty issues. My station believes it is in the public interest to observe the proceedings and explain the results to our viewers to the best of our ability.

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: *Garrett C. E. Bergquist* DATE: 05/29/2014



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION (V)

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: LISA MURPHY SOCIAL SECURITY NUMBER: [REDACTED] CITIZENSHIP: [REDACTED] GENDER: [REDACTED]

HOME ADDRESS: [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:

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.

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.

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: 5-21-14



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

(U)

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: **MURPHY, RAYMOND M.** SOCIAL SECURITY NUMBER: [REDACTED] CITY OF BIRTH: [REDACTED] COUNTRY: [REDACTED]

HOME ADDRESS (STREET): [REDACTED] PHONE NUMBER: [REDACTED]

PLACE OF EMPLOYMENT: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] EMPLOYER'S 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: [REDACTED] OFFENSE(S) / ACTION TAKEN: [REDACTED] ARREST AGENCY: [REDACTED] STATE: [REDACTED] CITY/ZIP: [REDACTED]

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

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.)? 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 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.

APPLICANT: *Raymond M. Murphy* DATE: **21 MAY 2014**

John Winfield



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE-WITNESS APPLICATION VICTIM

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 Carmelita Donald
HOME ADDRESS [REDACTED]
PLACE OF EMPLOYMENT [REDACTED]
STREET [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:

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.

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.

I hereby certify that this application contains no willful misrepresentation or fabrication 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 Carmelita Donald DATE 5-14-14



KYODO NEWS

747 Third Avenue, Suite 1801
New York, NY 10017

Tel: (212)508-5480 • Fax: (212)508-5481

Dear Ms. Vance and colleagues,

I am a reporter covering news in North America as a New York correspondent for Kyodo News, a Japanese news wire similar to the Associated Press. I wish to witness an execution in order to convey in a news story how capital punishment is carried out in the United States.

The story, which will be published in print and online in Japanese and possibly also in English, focuses on transparency and the differences between the Japanese and U.S. systems of capital punishment. In Japan, the public is told very little about the process and nobody is allowed to witness an execution, including victims' families or representatives of the convicted. While recognizing that each state that uses capital punishment administers it separately, I have found that all states which use the death penalty allow state or media witnesses.

Thus, for the purpose of my story, I request to become a state witness for the execution of Jeffrey Ferguson on March 26, 2013.

Thank you for your consideration.

Sincerely,

Yasuomi Sawa

Reporter

Kyodo News



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: Yasuomi Sawa SOCIAL SECURITY NUMBER: [REDACTED] CITY/STATE/ZIP: [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:

[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.

[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.

(Please see attached)

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: MAR-19-2014



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 238, Jefferson City Mo. 65102

NAME Daniel J Ketter



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
------------	---------------------------	---------------	-------	----------



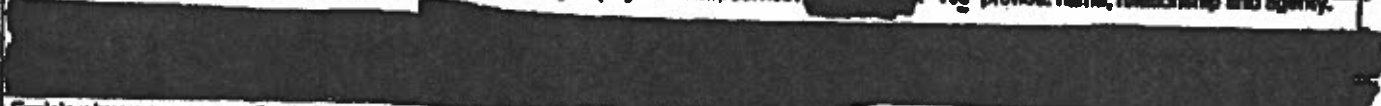
Have you ever been incarcerated in a correctional facility? Yes No. If "Yes" please provide the following.



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.



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 in an execution in the State of Missouri.

I am interested in the process of witnessing an execution.

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 Daniel J Ketter

DATE 2-18-14



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 238, Jefferson City Mo. 65102

NAME Alexander Postzel

HOME ADDRESS [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.

Within the last 2 years have you been associated 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 student at [REDACTED] and I believe it will give me a new perspective on the topic. A peer went in december

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 [Handwritten Signature]

DATE 4-29-14



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 238, Jefferson City Mo. 65102

NAME Dawn Campbell

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:

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.

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.

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 Dawn Campbell

DATE 12/4/13



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: VICTOR SCHMICK 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]

WORKING DEPARTMENT: [REDACTED] TYPE OF BUSINESS: [REDACTED]

WORKING ADDRESS (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.

[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.

EDUCATIONAL - STUDENT AT [REDACTED] AND HAVE BEEN INTERESTED IN CAPITAL PUNISHMENT STEMMING FROM STUDIES

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.

[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: Victor Schmick DATE: January 29, 2

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 Jim Salter

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	RELEASE DATE	STATUS	OFFENSE	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.)? 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. I in 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).

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 9-21-10



**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 WALSH SOCIAL SECURITY NUMBER [REDACTED] CITIZENSHIP [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:

Within the last 2 years have you visited or been contacted 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 ASSIGNED, BY OUR NEWS DIRECTOR, TO COVER THIS EXECUTION.

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).

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 August 20, 2008.



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
STATE WITNESS APPLICATION

(1D-1D 11v)

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: JESSICA MACHETTA
SOCIAL SECURITY NUMBER: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME 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.

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.)? 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.

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: 05/28/09



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. 65103

NAME: VERONIQUE LACAPRA

ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME PHONE: [REDACTED]

EMPLOYER: [REDACTED] TYPE OF BUSINESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] NUMBER OF CHILDREN: [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.

[REDACTED]

Within the last 2 years have you visited, commingled 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.

To ensure that this state responsibility is carried out according to the U.S. Constitution.

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: 1-7-14



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 238, Jefferson City Mo. 65108

NAME: William K. Siter [REDACTED]
 HOME ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] HOME 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 in some way 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:

[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 am a journalist working on a series of stories relating to crime and punishment 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).

[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: 2/5/2014

Roderick Nunley

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 239, Jefferson City Mo. 65109

NAME: *MARLA BEANARD*
HOME ADDRESS: [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:
[REDACTED]

Within the last 5 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.
[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.
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: *Marla Beuard* DATE: *2-3-14*

Rodrick Nunley



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 235, Jefferson City Mo. 64102

NAME: DAVID BERNARD DOB: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] CITIZENSHIP: [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 (prison, probation, parole, 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: [REDACTED] OFFENSE(S) / ACTION TAKEN: [REDACTED] ARREST AGENCY: [REDACTED] STATE: [REDACTED] CITY/ZIP: [REDACTED]

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

Within the last 5 years have you visited, corresponded with anyone who is currently under the supervision of the Missouri Department of Corrections (prison, parole, probation, 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. [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]

Rodrick 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: *[Signature]* DATE: 2-3-14

Roderick Nunley



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. 65103

NAME	DOB	SOCIAL SECURITY NUMBER	CITIZEN OF USA?	GENDER
DeValkenaers, Albert A				
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.

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 to the execution of Michael Taylor because I investigated the offense for which he is on death row from the scene to his confession, to his conviction and sentencing.

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>[Signature]</i>	2-4-14