



OFFICE *of* ADMINISTRATION

AUTHORIZED SIGNATURES STATE AUDITOR

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
AA	Galloway	Nicole	Statewide	HST Room 880	Jefferson City, MO 65101	Nicole.Galloway@auditor.mo.gov	573-751-4213
SA	Schuler	Todd	Kansas City Only	615 East Thirteenth St., Room 511	Kansas City, MO 64106	todd.schuler@auditor.mo.gov	573-751-4213
SA	Roberts	Sheila	Statewide	HST Room 880	Jefferson City, MO 65101	sheila.roberts@auditor.mo.gov	573-751-4213
SA	Allison	Pamela	Springfield Only	149 Park Central Sq., Ste 814	Springfield, MO 65806	pamela.allison@auditor.mo.gov	417-895-6519

*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT