



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 540		DATE: 1/26/2021	
COMMITTEE: Elementary and Secondary Education			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KATE CASAS		PHONE NUMBER: 314-809-5042	
REPRESENTING: EXCELLENCE IN EDUCATION IN ACTION		TITLE:	
ADDRESS: 117 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KIMBERLEE GILL		PHONE NUMBER: 816-524-0185	
BUSINESS/ORGANIZATION NAME: SUMMIT CHRISTIAN ACADEMY/ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL		TITLE: ACADEMIC DEAN/STATE REPRESENTATIVES	
ADDRESS: 1450 SOUTHWEST JEFFERSON			
CITY: LEE'S SUMMIT		STATE: MO	ZIP: 64081
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARCUS B. RICHARDSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH SLAY NORDEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SCOTT FITZPATRICK		PHONE NUMBER: 573-751-2411	
BUSINESS/ORGANIZATION NAME: STATE TREASURER's OFFICE		TITLE: STATE TREASURER	
ADDRESS: 201 WEST CAPITOL AVENUE, ROOM 229			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SCOTT WILLIAMS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DR. DANIEL N. CLEMENS		PHONE NUMBER: 816-321-5000	
BUSINESS/ORGANIZATION NAME: NORTH KANSAS CITY SCHOOL DISTRICT		TITLE: SUPERINTENDENT OF SCHOOLS	
ADDRESS: 2000 NORTHEAST 46TH STREET			
CITY: KANSAS CITY		STATE: MO	ZIP: 64116
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MIKE WOOD		PHONE NUMBER: 800-392-0532	
REPRESENTING: MISSOURI STATE TEACHERS ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 458			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: OTTO FAJEN		PHONE NUMBER: 573-634-3202	
REPRESENTING: MISSOURI NATIONAL EDUCATION ASSOCIATION		TITLE:	
ADDRESS: 1810 EAST ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RON BERRY		PHONE NUMBER: 660-537-2239	
REPRESENTING: AMERICAN FEDERATION OF TEACHERS		TITLE:	
ADDRESS: P.O. BOX 722			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SCOTT KIMBLE		PHONE NUMBER:	
REPRESENTING: MISSOURI ASSOCIATION OF SCHOOL ADMINISTRATORS		TITLE:	
ADDRESS: 3550 AMAZONAS DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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