



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 872		DATE: 3/30/2021	
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: MICHAEL C. REID		PHONE NUMBER: 573-638-7501	
REPRESENTING: MISSOURI SCHOOL BOARDS ASSOCIATION		TITLE:	
ADDRESS: 200 MADISON STREET, SUITE 320			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/30/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MIKE WOOD		PHONE NUMBER: 800-392-0532	
REPRESENTING: MISSOURI SCHOOL TEACHERS ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 458			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/30/2021 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
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/30/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PHYLLIS LECURU		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lecuruap04@aol.com		ATTENDANCE: Written	SUBMIT DATE: 3/30/2021 7:33 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: 3/30/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STACEY J. SUDER-LAWSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/30/2021 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/30/2021 12:19 AM

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I am Opposed to this Bill. Each School District shall build these days into their Local Calendars.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAEL HARRIS		PHONE NUMBER: 573-751-3527	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION		TITLE:	
ADDRESS: 205 JEFFERSON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/30/2021 12:00 AM	
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