



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2287		DATE: 1/23/2024
COMMITTEE: Special Committee on Education Reform		
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: BRENT HEMPHILL		PHONE NUMBER:
REPRESENTING: PEARSON / CONNECTIONS ACADEMY		TITLE:
ADDRESS: P.O. BOX 156		
CITY: JC		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/23/2024 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: DR. JERRY HOBBS		PHONE NUMBER: 573-418-0988	
REPRESENTING: STRIDE, INC.		TITLE:	
ADDRESS: 548 SUNSET VW			
CITY: CAPE GIRARDEAU		STATE: MO	ZIP: 63701
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/23/2024 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KATE CASA		PHONE NUMBER: 314-809-5042
REPRESENTING: AMERICAN FEDERATION FOR CHILDREN, ACCEL		TITLE:
ADDRESS: 117 MADISON		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/23/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185
REPRESENTING: PARENT SCHOOL OPTIONS COALITION		TITLE:
ADDRESS: P.O. BOX 1483		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/23/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: OTTO FAJEN		PHONE NUMBER: 573-634-3202	
REPRESENTING: MISSOURI NEA		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 1810 EAST ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: otto.fajen@mnea.org	ATTENDANCE: In-Person	SUBMIT DATE: 1/22/2024 10:27 PM	
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The Association appreciates the opportunity to present written testimony regarding HB 2287. The Association supports the bill. The bill makes minor revisions to clarify the new structure of accountability, enrollment, participation, and finance created enacted for full-time virtual schools in 2022 by SS/HCS/HB 1552 (Richey). On behalf of the Association, I thank you for the opportunity to offer our testimony on this issue.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/23/2024 11:37 PM

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I am Opposed to this awful Legislation. Defeat this Bill. Get Students back into the Classroom!