



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SCR 23		DATE: 2/20/2024	
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			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LOWELL PEARSON		PHONE NUMBER: 573-761-1115	
BUSINESS/ORGANIZATION NAME: STRIDE LEARNING		TITLE: ATTORNEY	
ADDRESS: 630 BOLIVAR STREET, SUITE 300			
CITY: JEFERSON CITY		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.



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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: In-Person	SUBMIT DATE: 2/20/2024 11:47 PM

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I am Opposed to this Bill. This a wrong move and bad Educational policy. Defeat this Senate Concurrent Resolution/].



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KARI MONSEES		PHONE NUMBER: 573-751-3563	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION		TITLE: DEPUTY COMMISSIONER-FAS	
ADDRESS: 205 JEFFERSON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	
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