



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 267		DATE: 2/19/2025	
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: BRANDT SHIELDS		PHONE NUMBER: 573-208-7879	
REPRESENTING: MISSOURI SCHOOL BOARDS' ASSOCIATION		TITLE:	
ADDRESS: 2100 I-70 DR. SW			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 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: CADE TREMAIN		PHONE NUMBER:	
REPRESENTING: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE:	
ADDRESS: 428 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER: 816-294-0497	
REPRESENTING: KANSAS CITY PUBLIC SCHOOL DISTRICT		TITLE:	
ADDRESS: 205 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 12:00 AM	

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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CRAIG CARSON		PHONE NUMBER: 417-209-1086	
BUSINESS/ORGANIZATION NAME: OZARK R-VI SCHOOLS		TITLE: ASSISTANT SUPERINTENDENT	
ADDRESS: 7032 SELMORE ROAD			
CITY: OZARK		STATE: MO	ZIP: 65721
EMAIL: craigcarson@ozarktigers.org	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 8:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

The Ozark School District thanks Representative Shields for striking the sunset provision on this bill. Ozark, along with schools statewide, has used externships as a wonderful way to increase real world learning and authentic experiences into the classroom. This summer we are already making plans for two teachers to participate in an externship with an architecture / engineering firm. We will open up externship opportunities this next month district wide. We have had teachers work with a whole variety of businesses that span private, public, and faith sectors. The opportunities have been good for Ozark. However, regionally, externships have blossomed. One local school district tied externship opportunities with career ladder and had scores of teachers doing externships this past year. There are a lot of success stories in SWMO to celebrate. Again, thank you for supporting the growth of teachers through working with business to bring real world, authentic experiences into the classroom.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: ALIGNED		TITLE: REGISTERED LOBBYIST	
ADDRESS: PO BOX 1219			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/19/2025 12:16 PM

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Aligned is a nonprofit, nonpartisan coalition of business and civic leaders committed to improving access to career-based education and high quality early childhood education in Kansas and Missouri. We strongly support efforts to improve teacher recruitment and retention efforts, particularly alternative pathways to teacher certification and opportunities for experiential credentialing outside of the classroom.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL HARRIS		PHONE NUMBER: 615-202-3579	
REPRESENTING: MISSOURI STATE TEACHERS ASSOCIATION		TITLE: GOVERNMENTAL RELATIONS MANAGER	
ADDRESS: 222A MADISON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: mharris@msta.org	ATTENDANCE: In-Person		SUBMIT DATE: 2/19/2025 11:00 AM
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MSTA is in support of the removal of this sunset, providing teachers with increased opportunities for professional development and potential salary growth.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: OTTO FAJEN		PHONE NUMBER: 573-634-3202	
REPRESENTING: MISSOURI NEA		TITLE:	
ADDRESS: 1810 E. ELM ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 12:00 AM	

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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: 2/19/2025 11:54 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAUREN HARRISON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lauren.harrison@att.net		ATTENDANCE: Written	SUBMIT DATE: 2/19/2025 8:32 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PERRY GORRELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: DESE		TITLE: CHIEF OF GOVERNMENT RELATIONS	
ADDRESS: 205 JEFFERSON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 12:00 AM	
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