



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2215		DATE: 1/20/2026
COMMITTEE: Ways and Means		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: MIKE LODEWEGEN		PHONE NUMBER: (573) 638-2692
REPRESENTING: MISSOURI COUNCIL OF SCHOOL ADMINISTRATORS		TITLE:
ADDRESS: 3550 AMAZONAS DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/20/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		