



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 137		DATE: 1/26/2021	
COMMITTEE: Budget			
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: CANDICE CARTER-OLIVER		PHONE NUMBER: 314-588-8554	
BUSINESS/ORGANIZATION NAME: CONFLUENCE ACADEMIES INC		TITLE: CEO	
ADDRESS: 611 NORTH 10TH STREET			
CITY: ST LOUIS		STATE: MO	ZIP: 63101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CATHY JO LOY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DEAN JOHNSON		PHONE NUMBER: 816-550-4370	
REPRESENTING: QUALITY SCHOOLS COALITION		TITLE:	
ADDRESS: 4700 BELLEVIEW AVENUE, SUITE 404			
CITY: KANSAS CITY		STATE: MO	ZIP: 64112
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DEAN JOHNSON		PHONE NUMBER: 816-550-4370	
BUSINESS/ORGANIZATION NAME: MISSOURI CHARTER PUBLIC SCHOOL ASSOCIATION		TITLE: BOARD MEMBER	
ADDRESS: 1306 PAPIN STREET			
CITY: ST LOUIS		STATE: MO	ZIP: 63103
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JILLIAN RAINING BIRD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KATE CASAS		PHONE NUMBER: 314-809-5042	
REPRESENTING: EXCELLENCE IN EDUCATION IN ACTION		TITLE:	
ADDRESS: 117 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KATE CASAS		PHONE NUMBER: 314-809-5042	
REPRESENTING: AMERICAN FEDERATION FOR CHILDREN		TITLE:	
ADDRESS: 117 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KIRSTEN LIPARI-BRAMAN		PHONE NUMBER: 816-753-6700	
BUSINESS/ORGANIZATION NAME: GORDON PARKS ELEMENTARY SCHOOL		TITLE: CEO	
ADDRESS: 3715 WYOMING			
CITY: KANSAS CITY		STATE: MO	ZIP: 64111
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: R. BENNETT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ANDREA FLINDERS		PHONE NUMBER: 816-756-1818	
BUSINESS/ORGANIZATION NAME: AMERICAN FEDERATION OF TEACHERS LOCAL 691		TITLE: PRESIDENT	
ADDRESS: 300 EAST 39TH STREET #1J			
CITY: KANSAS CITY		STATE: MO	ZIP: 64111
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ANGELA BANKS		PHONE NUMBER: 314-345-4451	
BUSINESS/ORGANIZATION NAME: ST LOUIS PUBLIC SCHOOLS		TITLE: CFO	
ADDRESS: 801 NORTH 11TH STREET			
CITY: ST LOUIS		STATE: MO	ZIP: 63101
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANGIE LILE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LINDA QUINLEY		PHONE NUMBER: 816-418-7775	
BUSINESS/ORGANIZATION NAME: KANSAS CITY PUBLIC SCHOOLS		TITLE: CHIEF FINANCIAL OFFICER AND OPERATING OFFICER	
ADDRESS: 2901 TROOST AVENUE			
CITY: KANSAS CITY		STATE: MO	ZIP: 64109
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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
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RON BERRY		PHONE NUMBER: 660-537-2239	
REPRESENTING: AMERICAN FEDERATION OF TEACHERS MISSOURI		TITLE:	
ADDRESS: PO BOX 722			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SCOTT KIMBLE		PHONE NUMBER: 573-638-4825
REPRESENTING: MISSOURI ASSOCIATION OF SCHOOL ADMINISTRATORS		TITLE:
ADDRESS: 3550 AMAZONAS DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHAWN RHOADS		PHONE NUMBER: 573-445-9920	
REPRESENTING: MISSOURI SCHOOL BOARD ASSOCIATION		TITLE:	
ADDRESS: 2100 I-7 DRIVE SW			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/26/2021 12:00 AM	
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