



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/10/2021	
COMMITTEE: Pensions			
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: JAY HARDENBROOK		PHONE NUMBER: 816-810-2066	
REPRESENTING: AMERICAN ASSOCIATION OF RETIRED PEOPLE		TITLE:	
ADDRESS: 9200 WARD PARKWAY			
CITY: KANSAS CITY		STATE: MO	ZIP: 64114
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/10/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/10/2021	
COMMITTEE: Pensions			
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: MATT CHOESKA		PHONE NUMBER: 573-751-4945	
BUSINESS/ORGANIZATION NAME: STATE TREASURER OFFICE		TITLE: SENIOR POLICY ADVISOR	
ADDRESS: 201 WEST CAPITOL AVENUE, ROOM 229			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/10/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/10/2021	
COMMITTEE: Pensions			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/10/2021 8:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Additional Testimony on this Bill. I am Opposed to this Bill. It is not the responsibility of State Government to be involved in Savings Plans in the Private Sector. This is private matter between a private employer and employee. This not a responsibility of Government. In addition the Fiscal Note of over \$2,000,000 Dollars is concerning!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/10/2021	
COMMITTEE: Pensions			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID KENT		PHONE NUMBER: 573-619-0028	
REPRESENTING: MISSOURI BANKERS ASSOCIATION		TITLE:	
ADDRESS: 207 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/10/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/10/2021	
COMMITTEE: Pensions			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATTHEW PANIK		PHONE NUMBER: 573-634-3511	
REPRESENTING: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE: VICE PRESIDENT, GOVERNMENTAL AFFAIRS	
ADDRESS: 428 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: mpanik@mochamber.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/9/2021 6:47 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1229		DATE: 3/10/2021	
COMMITTEE: Pensions			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAEL RUFF		PHONE NUMBER: 573-751-1280	
BUSINESS/ORGANIZATION NAME: JOINT COMMITTEE ON PUBLIC EMPLOYEE RETIREMENT		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: STATE CAPITOL, ROOM 219-A			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/10/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			