

BILL NUMBER: <b>HB 89</b>				DATE: <b>4/4/2023</b>	
COMMITTEE: Pensions					
TESTIFYING:	$\square$ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: ABBY SPIELER			PHONE NUME <b>573-353-9</b>		
REPRESENTING: MISSOURI STATE EMPLOYEE RETIREMENT SYSTEM			TITLE: LOBBYIS	TITLE: LOBBYIST	
ADDRESS: 907 WILDWOOD					
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65108</b>	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.	



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TESTIFYING:	$\square$ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE A.C. DIENO	OFF		PHONE NUM	BER:
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT <b>4/4/20</b>	DATE: <b>23 12:00 AM</b>
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	APTER 610. RSMo.



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TESTIFYING:	☐ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOS	ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			BER:		
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person	SUBMIT II 4/4/202	SUBMIT DATE: 4/4/2023 11:25 PM	
THE INFORMATION ON THIS FORM IS BURLIC BECORD LINDER CHARTER 610, DSMo					

I have major Concerns with these Proposed Changes. The Fiscal Not is very concerning., The 46% Attainment of the Pension System is also concerning. Why make the changes now if the funds are not in place to substantiate the changes? Shelve these changes for now.



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INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			ER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/4/2023 11:28 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

Please view my Testimony on the Record as archived in the Pension Committee.



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		WITNESS NAME		
BUSINESS/ORGANIZATION:				
WITNESS NAME: SCOTT SIMON			PHONE NUM <b>573-298-6</b>	
BUSINESS/ORGANIZATION NAME:  MODOT AND PATROL EMPLOYEES RETIREMENT SYSTEM  TITLE: EXECUTION NAME:			VE DIRECTOR	
ADDRESS: 1913 WILLIAM STREET				
CITY: JEFFERSON CITY	•		STATE: MO	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/4/2023 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.