

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

| BILL NUMBER: HB 923 | | | | DATE: 2/7/2023 | | | |
|--|--------------------------------|------------------------------|---------------------|-----------------------------------|--|--|--|
| COMMITTEE: Pensions | | | | | | | |
| TESTIFYING: | ✓ IN SUPPORT OF | IN OPPOSITION TO | | | | | |
| | | WITNESS NAME | | | | | |
| BUSINESS/ORGANIZATION: | | | | | | | |
| WITNESS NAME: SCOTT SIMON | | | | PHONE NUMBER: 573-298-6080 | | | |
| BUSINESS/ORGANIZATIC | NN NAME: ROL RETIREMENT SY: | TITLE: EXECUTIVE DIRECTOR | | | | | |
| ADDRESS: 1913 WILLIAM STREET | | | | | | | |
| | | | STATE: MO | ZIP: 65101 | | | |
| EMAIL: | | ATTENDANCE: | SUBMIT I 2/7/202 | SUBMIT DATE: 2/7/2023 12:00 AM | | | |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | | | | | |



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| COMMITTEE: Pensions | | | | | | | |
| TESTIFYING: □IN SUPPORT OF IN OPPOSITION TO □FO | | | | R INFORMATIONAL PURPOSES | | | |
| WITNESS NAME | | | | | | | |
| INDIVIDUAL: | | | | | | | |
| WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE | | | | PHONE NUMBER: | | | |
| BUSINESS/ORGANIZATION NAME: | | | TITLE: | TITLE: | | | |
| ADDRESS: | | | | | | | |
| CITY: | | | STATE: | | ZIP: | | |
| EMAIL: arniedienoff@yahoo.com | | ATTENDANCE: Written | | SUBMIT DATE: 2/7/2023 11:40 PM | | | |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | | | | | |
| I am Opposed to this Bill. Leave the Terms of Office alone as the Current Terms of the Board Members are Serving the Retirement System well. | | | | | | | |