



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1869		DATE: 2/21/2024	
COMMITTEE: Pensions			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/21/2024 11:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill and its Intention.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JAMES HARRIS		PHONE NUMBER: 573-761-7875
REPRESENTING: STATE ARMOR ACTION		TITLE:
ADDRESS: 122 EAST HIGH STREET, SUITE 200		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/21/2024 12:00 AM
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: VIVEK MALEK		PHONE NUMBER: 573-751-2411
BUSINESS/ORGANIZATION NAME: MISSOURI STATE TREASURER		TITLE:
ADDRESS: 201 W CAPITOL AVENUE, ROOM 121		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/21/2024 12:00 AM
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: MIKE MOOREFIELD		PHONE NUMBER: 573-638-1084
BUSINESS/ORGANIZATION NAME: PSRS/PEERS		TITLE: CHIEF COUNSEL
ADDRESS: P O BOX 268		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/21/2024 12:00 AM
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: ROCHELLE REEVES		PHONE NUMBER: 573-632-6100
BUSINESS/ORGANIZATION NAME: MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM		TITLE: GENERAL COUNSEL
ADDRESS: P.O. BOX 207		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/21/2024 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SCOTT SIMON		PHONE NUMBER: 573-298-6020	
BUSINESS/ORGANIZATION NAME: MODOT & PATROL EMPLOYEES RETIREMENT SYSTEM		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1913 WILLIAM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/21/2024 12:00 AM	
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