



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>2/27/2024</b>	
COMMITTEE: <b>Pensions</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DANIEL CLARK</b>		PHONE NUMBER: <b>314-393-1738</b>	
BUSINESS/ORGANIZATION NAME: <b>ST. LOUIS FIREFIGHTERS LOCAL 73</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>4271 DELOR</b>			
CITY: <b>ST LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63316</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/27/2024 12:00 AM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DEMETRIS ALFRED</b>		PHONE NUMBER: <b>314-574-5393</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI STATE COUNCIL OF FIRE FIGHTERS</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>4971 DELOR</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63116</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/27/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE CHONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>2/27/2024 11:40 PM</b>
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**I am Opposed to this Bill. For all of My On the Record Public Committee Testimony, Please review The House Media archived video of the Committee Public Hearing.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CASEY MILLBURG</b>		PHONE NUMBER: <b>573-634-8760</b>	
BUSINESS/ORGANIZATION NAME: <b>ST. LOUIS MAYOR'S OFFICE</b>		TITLE: <b>POLICY DIRECTOR</b>	
ADDRESS: <b>205 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/27/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JOHN BREWER</b>		PHONE NUMBER: <b>314-588-2288</b>	
BUSINESS/ORGANIZATION NAME: <b>THE FIREMEN'S RETIREMENT SYSTEM OF ST. LOUIS</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>1601 SOUTH BROADWAY</b>			
CITY: <b>ST LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63104</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/27/2024 12:00 AM</b>	
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