



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2143		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		
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
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: MichaelWesten.3up@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2024 9:54 AM
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I SUPPORT HB 2143 as originally drafted.



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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		
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

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I am Opposed to this Bill. This is a bad Policy as we have a Global Investment Market.



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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 RET. SYSTEM		TITLE: EXEC. 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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