



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 898		DATE: 4/30/2024	
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. AC DIENOFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/30/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ELIZABETH ALTHOFF		PHONE NUMBER: 573-632-6377	
REPRESENTING: MISSOURI LAGERS		TITLE: LOBBYIST	
ADDRESS: 701 WEST MAIN STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/30/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JOHN BARDGETT		PHONE NUMBER: 636-530-9392	
REPRESENTING: ST LOUIS POLICE RETIREMENT SYSTEM		TITLE: LOBBYIST	
ADDRESS: 16141 SWINGLEY RIDGE ROAD, SUITE 110			
CITY: CHESTERFIELD		STATE: MO	ZIP: 63107
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/30/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARIA WALDEN		PHONE NUMBER: 573-634-4300	
REPRESENTING: MISSOURI RETIRED TEACHERS ASSOCIATION		TITLE: LOBBYIST	
ADDRESS: 3030 DUPONT CIRCLE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/30/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATT MICHELSON		PHONE NUMBER: 573-680-6188	
REPRESENTING: MISSOURI STATE TEACHERS ASSOCIATION		TITLE: LOBBYIST	
ADDRESS: 501 SOUTH 6TH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65205
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/30/2024 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: 4/30/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: OTTO FAJEN		PHONE NUMBER: 573-634-3202	
REPRESENTING: MISSOURI NEA		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 1810 E. ELM ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: otto.fajen@mnea.org	ATTENDANCE: In-Person	SUBMIT DATE: 4/30/2024 8:50 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
The Association supports the bill.			