



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1172</b>		DATE: <b>3/27/2025</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>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-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>3/27/2025 12:08 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am in Support of this Bill and its intension on its face to establish a Separate Custodial Fund and to use the investment Interest to Maintain the Main Campus, the College of Agriculture and the Rolla Campus. Appropriate Accounting and receipts must be maintained and audited, in addition to being submitted to the State Treasurer Annually.



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BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/27/2025 7:45 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>SARAH ANDERSON</b>		PHONE NUMBER: <b>573-259-6461</b>	
BUSINESS/ORGANIZATION NAME: <b>UNIVERSITY OF MISSOURI</b>		TITLE: <b>MANAGING DIRECTOR</b>	
ADDRESS: <b>217 UNIVERSITY HALL</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65211</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/27/2025 12:00 AM</b>	

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