



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 205		DATE: 2/20/2025	
COMMITTEE: Pensions			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DAVID RODRIGUEZ		PHONE NUMBER: 636-633-1528	
BUSINESS/ORGANIZATION NAME: ST. LOUIS FIREFIGHTERS LOCAL 73		TITLE: SECRETARY-TREASURER	
ADDRESS: 4271 DELOR			
CITY: ST. LOUIS		STATE: MO	ZIP: 63116
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DEMETRIS ALFRED		PHONE NUMBER: 314-574-5393	
BUSINESS/ORGANIZATION NAME: MSCFF		TITLE: PRESIDENT	
ADDRESS: 4271 DELOR			
CITY: ST. LOUIS		STATE: MO	ZIP: 63116
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOHN BREWER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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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: 2/20/2025 11:59 PM	
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These Pension Systems NEED to be 100% Merged!