



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 976</b>		DATE: <b>2/27/2025</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>AURELIA HARTENBERGER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>aureliawh@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 10:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Missouri's retired educators and school employees dedicated decades to shaping the future of our state. • Ensuring their retirement benefits maintain value over time is a matter of fairness and respect for their service. • This bill provides a modest yet meaningful improvement to their financial security without placing undue burden on the system.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CAROLYN E SOLOMON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>cesolomon46@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 11:43 PM</b>

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

**Please support the Government employees retirement system. Workers who have paid in and completed the required number of years for employment should continue to have those funds in their retirement system.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CINDY LEMAR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>lemarcindy@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 4:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>Please remove 80% cap on COLA</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CLAUDIA M KETTERLIN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>claudiaketterlin@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 11:21 AM</b>

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

As a retired Missouri educator, I support HB 976 to strengthen and improve our retirement system. HB 976 will provide a gradual and responsible approach to protect retirees and their pensions and recognize the contributions of Missouri's public school employees. I thank you for your diligent consideration of this matter.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DELORES DAVIS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>orfanany@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 10:08 PM</b>

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

As stated in the above statement, I have not yet reached the COLA allowance yet. However, if I live a couple more years, I will have reached it. What a shame it would be if I were not able to receive the COLA because I had lived longer than thought



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DR. BEVERLY DEIS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>beverly.deis@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 1:28 PM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ELIZABETH ALTHOFF</b>		PHONE NUMBER: <b>573-619-7776</b>	
REPRESENTING: <b>MISSOURI LOCAL GOVERNMENT EMPLOYEES RETIREMENT SYSTEM</b>		TITLE:	
ADDRESS: <b>701 W. MAIN ST.</b>			
CITY: <b>JEFFERSON CTIY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>ealthoff@molagers.org</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>2/27/2025 11:44 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ELSIE RAFFERTY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>efrafferty@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 7:23 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>GLENDA DESHON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>glendaguyer@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 6:40 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>HELEN ILARI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>helen.ilari@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 12:52 PM</b>

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

**I am in support of Local Government Employees Retirement Employees Retirement System.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JANET THOMPSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jtr9395@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 4:13 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JANIS CURRAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>janiscurren62@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/27/2025 11:18 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JO ANNE DUNHAM</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>Jbohannon55@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 3:17 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JULIA KELLY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>juke180@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 1:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I have been able to maintain my current lifestyle due to the healthy retirement system the state of Missouri provides retired teachers. This system makes it possible for me to live while working in another field in the state of Missouri and continue to contribute to the local and state economy. Our salary levels while working aren't the best in the nation, but our retirement system, as it currently works, is second to none. Please continue to support this system.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LOIS C COPELAND</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>lscopeland3@att.net</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 5:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>MRTA's bill (HB 329) on increasing the COLA cap for retirees</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RALPH EDWIN FERGUSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>skydrfergie@aol.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 2:13 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>REBECCA COLEMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>beckyjanecoleman@icloud.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/27/2025 7:20 AM</b>

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Inflation is so high eggs are now 8.98 a dozen. This is needed to keep up with the cost of living. I would appreciate your support for american citizens. Thank you



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RITA GRELE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>grelletrms@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/27/2025 8:15 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**COLA'S are necessary in order to keep up with inflation and cost of living!**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RUTH DILLOW</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>ruthdillow52@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 11:38 AM</b>

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**I feel the same on this issue. Retirement only works if it stays equal with the yearly cost of living raises.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SANDY HENKE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>morass_00descent@icloud.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 10:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>We widowed retirees need this.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SHARON BROCKGREITENS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>sambrock1@aol.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/27/2025 7:38 AM</b>
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<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>2/27/2025 11:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am Opposed to this Bill and Changes to the "Local Government Employees Retirement System (L.A.G.E.R.S.)" for several reasons: 1. Employees at the Local, County and Special Districts Levels of Government are Vested in five (5) Years and one (1) day. Depending on the plan, the Employee with Service Thresholds, will receive either the average of three (3) years or the average of the Last five (5) years, depending the Plan picked by the Political Subdivision. 2. The Cost-of-Living Adjustment shall be determined by the Board of Trustees and the amount of funds On-Hand and shall NOT be mandated in State Statue. 3. There shall be limited Closed Sessions of the Pension Board of Trustees. I believe in Transparency and that the Pension Vested Membership shall know all of the Business and Investments of the funds. Other Provision Changes NEED some Debate and Strong Thought with Amendments.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BARBARA CERUTTI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>cerutti5@hotmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/26/2025 10:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			