



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 977		DATE: 2/6/2025	
COMMITTEE: Pensions			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
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: In-Person	SUBMIT DATE: 2/6/2025 11:44 PM	

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

I am in Full Favor of this Bill and its intension to force State, County and Local Pension Systems from investing in any Chinnesse Investiments.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAMES HARRIS		PHONE NUMBER: 573-761-7875	
REPRESENTING: STATE ARMOR ACTION		TITLE:	
ADDRESS: 122 E HIGH STREET, SUITE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NEAL ENGLISH		PHONE NUMBER: 314-494-8924	
REPRESENTING: STATE SHIELD		TITLE:	
ADDRESS: 811 WINSTON CT			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: VIVEK MALEK		PHONE NUMBER: 573-751-2411	
BUSINESS/ORGANIZATION NAME: STATE TREASURER's OFFICE		TITLE: MISSOURI STATE TREASURER	
ADDRESS: 201 W CAPITOL AVE, ROOM 208			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: info@treasurer.mo.gov	ATTENDANCE: In-Person	SUBMIT DATE: 2/5/2025 10:58 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ABBY SPIELER		PHONE NUMBER: 573-353-9277	
REPRESENTING: MOSERS		TITLE:	
ADDRESS: 907 WILDWOOD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAEL A. MOOREFIELD		PHONE NUMBER: 573-638-1084	
BUSINESS/ORGANIZATION NAME: PSRS/PEERS		TITLE: CHIEF COUNSEL	
ADDRESS: PO BOX 268			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2025 12:00 AM	
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