

BILL NUMBER: HB 1473				DATE: 1/12/2022	
COMMITTEE: Pensions				•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C. AC "HOI	NEST-ABE" DIENOFF-S	STATE PUBLIC ADVO	PHONE NUM	BER:	_
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT 1/12/20	DATE: 022 8:10 AM	
THE INFORMA	THE INFORMATION ON THIS FORM IS PURI IC RECORD LINDER CHAPTER 610, RSMo				

I am in Full Support of this State Legislation. Every Public Civil Servant Deserves a Solid and Decent Financial Pension. This is Equity and Equal Opportunity among all of the Classes of Counties.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BRENT HEMPHILL	-		PHONE NUME	BER:
REPRESENTING: MISSOURI AMBUL	ANCE ASSOCIATION		TITLE:	
ADDRESS: PO BOX 156				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/12/2022 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: D. SCOTT PENMA	N		PHONE NUM 573-690-6	
REPRESENTING: MO 911 DIRECTOR	RS ASSOCIATION, MOA	PCO, MONENA	TITLE:	
ADDRESS: P.O. BOX 684				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: scott@penman.gro	oup	ATTENDANCE: Written	SUBMIT 1/12/2	DATE: 022 1:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DAVID TETRAULT			PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:			TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Dtetrault@sfcad.o	rg	ATTENDANCE: Written	SUBMIT D 1/12/20	DATE: 22 10:47 AM
THE INFORMATION ON THIS FORM IS BURLED DECORD LINDED CHARTED CAG DOMA				

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This is a great opportunity for us to join in with our partners Police and Fire services EMS needs to be included as we all know it's very difficult to do this job at 55 plus. It gives the ambulance districts to opt out or in. There is nothing negative or would cause any Financial Burden with the state of Missouri please pass this bill and lagers has done a fantastic job with the wording and presentation of this bill.St. Francois County Ambulance District. Administrator Tetrault



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: ELIZABETH ALTH	OFF		PHONE NUME 573-632-6	
REPRESENTING: MISSOURI LOCAL SYSTEM	GOVERNMENT EMPL	OYEES RETIREMENT	TITLE:	
ADDRESS: 701 WEST MAIN S	TREET			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65108
EMAIL:		ATTENDANCE:	SUBMIT 0 1/12/20	DATE: 122 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: TRENT FORD			PHONE NUME 314-409-6	
REPRESENTING: AMBULANCE DIST	TRICT OF MISSOURI		TITLE:	
ADDRESS: P.O. BOX 843				
CITY: COLUMBIA			STATE: MO	ZIP: 65203
EMAIL:		ATTENDANCE:	SUBMIT 0 1/12/20	DATE: 122 12:00 AM
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