

BILL NUMBER: HB 2161				DATE: 3/23/2022
COMMITTEE: Pensions			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C. AC DIENOFF-STATE PUBLIC ADVOCATE PHONE NUMBER:				
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: ATTENDANCE: Written		SUBMIT D 3/23/20	ATE: 22 11:29 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I Support this Bill and Change.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DOUG ARNOLD			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: darnold@blueeye.k12.mo.us ATTENDANCE: Written			SUBMIT DATE: 3/22/2022 8:11 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMo				

Increasing the PSRS factor to 2.55% will help off set the teacher shortage by encouraging teachers to stay in the field of education. We are in desperate need of quality educators and this bill will keep experienced teachers in the field for more years!



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JAMES MOODY			PHONE NUMI 573-690-4	
REPRESENTING: PUBLIC SCHOOL	RETIREMENT SYSTEM		TITLE:	
ADDRESS: P.O. BOX 1067				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/23/2022 12:00 AM	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: MARIA WALDEN			PHONE NUMB 573-634-4 3	
REPRESENTING: MISSOURI RETIRED TEACHERS ASSOCIATION TITLE: EXECUTIVE DIRECTOR				
ADDRESS:				
CITY:			STATE: MO	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 3/23/20	OATE: 22 12:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: MIKE WOOD			PHONE NUME 800-392-0		
REPRESENTING: MISSOURI STATE	TEACHERS ASSOCIA	TION	TITLE:		
ADDRESS: P.O. BOX 458					
CITY: COLUMBIA			STATE: MO	ZIP: 65201	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/23/2022 12:00 AM	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: OTTO FAJEN			PHONE NUM 573-634-3	
REPRESENTING: MISSOURI NEA			TITLE: LEGISLA	TIVE DIRECTOR
ADDRESS: 1810 EAST ELM STREET				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: otto.fajen@mnea.c	org	ATTENDANCE: In-Person	SUBMIT DATE: 3/23/2022 8:38 AM	
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