

BILL NUMBER: HJR 136				DATE: 4/6/2022
COMMITTEE: Pensions				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORGANIZATION:				
WITNESS NAME: CHUCK HATFIELD)		PHONE NUME 573-636-6	
BUSINESS/ORGANIZATION SHERIFF RETIRE!			TITLE: ATTORNE	ΣΥ
ADDRESS: 230 WEST MCCARTY STREET				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/6/2022 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMo				



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	TE PUBLIC ADVOCATE	PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 4/5/2022 12:07 AM	
THE INFORMATION ON THIS FORM IS DIRE IC RECORD LINDER CHARTER 610, DSMo					

I am Opposed to this Bill! STOP Placing the Burden of More Fees and More Taxes on the Backs of Missourians. Have the Sheriff's Pay for their Own Pensions, just like All Other Missourians.



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INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	TE PUBLIC ADVOCATE	PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT DATE: 4/6/2022 11:26 PM		
THE INFORMATION ON THIS FORM IS DIRE IC DECORD LINDER CHARTER 610, DSMo					

I am Opposed to This Bill. STOP Raising Our Fees and Taxes! 52% of what we make goes to a Fee or Tax at the Federal, State, County and Local Governments. Enough is Enough. Have the Sheriffs Contribute to their Own Pensions!



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	WITNESS NAMI	Ē			
BUSINESS/ORGANIZATIO	N:				
WITNESS NAME: SCOTT WALTERBACH		PHONE NUM 816-601-1			
BUSINESS/ORGANIZATION NAME: MISSOURI CREDITORS BAR, I	NC.	TITLE: PRESIDE	NT		
ADDRESS: 3000 NORTHEAST BROOKTREE LANE, SUITE 100					
CITY: KANSAS CITY		STATE: MO	ZIP: 64119		
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/6/2022 12:00 AM		
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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SUSAN GIBSON			PHONE NUME	BER:	
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: Onesuegibson@protonmail.com		ATTENDANCE: Written		SUBMIT DATE: 4/5/2022 2:06 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					

Nope.