



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1667		DATE: 1/10/2022	
COMMITTEE: General Laws			
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. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/10/2022 11:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am Agree with the basis of this Bill and its Intention. I agree that 100-Percent of Consumer Information, Product Ingredients and other Information Shall and must be disclosed to the Consumer. It is the right and fair action to take in the further Protection of Missouri Consumers.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JEFFREY ALTMANN		PHONE NUMBER: 314-799-7008	
REPRESENTING: AMERICAN KRATOM ASSOCIATION		TITLE:	
ADDRESS: 5501 MERCHANT VIEW SQUARE			
CITY: HAYMARKET		STATE: VA	ZIP: 20169
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/10/2022 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			