



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 912		DATE: 3/22/2023	
COMMITTEE: Emerging Issues			
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: Written	SUBMIT DATE: 3/22/2023 11:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

We deserve to be informed!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHUCK LANGE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: charlesmlange@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 4:58 AM
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Bill should be passed as written.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DENNIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dmc7411@aol.com	ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 5:27 AM	
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Please support this bill



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GENE MOORE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tiredoftrying2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 7:53 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HELEN THERESA GELHOT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hgelhot1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 12:08 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

We and our children need this protection.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HERBERT JOSEPH BAUMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hbaumann@baumannproperty.com	ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 9:24 AM
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Please pass these bills at the earliest possible time. Thank you! Herbert J. Baumann



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOANNE CASTELLI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jcastelli221@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/21/2023 11:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I testify absolutely in support of this bill.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MAC HADDOW		PHONE NUMBER: 571-294-5978	
BUSINESS/ORGANIZATION NAME: AMERICAN KRATOM ASSOCIATION		TITLE: SR. FELLOW ON PUBLIC POLICY	
ADDRESS: 13575 HEATHCOTE BLVD., SUITE 370			
CITY: GAINESVILLE		STATE: VA	ZIP: 20155
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/22/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MILTON ARNDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: miltonarndt@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 7:50 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SALLY S WEBER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sallyweber.mo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 8:02 AM
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I support HB 912



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TIMOTHY L HITE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Riverrat243@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 8:58 AM
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