



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1036		DATE: 3/25/2025	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CARLOS GUTIERREZ		PHONE NUMBER: 202-429-3521	
REPRESENTING: CONSUMER HEALTHCARE PRODUCTS ASSOCIATION		TITLE:	
ADDRESS: 1625 1ST. STREET NW, SUITE 600			
CITY: WASHINGTON		STATE: DC	ZIP: 20006
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/25/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-634-4876	
REPRESENTING: HALEON		TITLE:	
ADDRESS: 213 E. CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/25/2025 12:00 AM	

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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: In-Person		SUBMIT DATE: 3/25/2025 11:53 PM

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I am Opposed to this Bill and allowing more of these drugs in 12-Month Period. The Reporting Fee are a Tax and Government Mandate that are unnecessary.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: libertytree.cottage976@passinbox.com		ATTENDANCE: Written	SUBMIT DATE: 3/21/2025 1:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I OPPOSE HB 1036 as originally filed.			