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Contact Information

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20169

Reported Compensation:

| Date | Type | Value | Paid To |
|---------------------------|------|-------|---------|
| No Compensation reported. | | | |

Reported Expenditures:

| Date | Amount | Beneficiary | Paid To | Reason | On Behalf Of |
|---------------------------|--------|-------------|---------|--------|--------------|
| No Expenditures reported. | | | | | |

Reported Anything of Value:

| Date | Type | Value | Paid To | Beneficiary | Title | Office | Location |
|--------------------------------|------|-------|---------|-------------|-------|--------|----------|
| No Anything Of Value reported. | | | | | | | |

Reported Contributions:

| Date | Amount | Paid To | Beneficiary | Office | Contribution Type |
|----------------------------|--------|---------|-------------|--------|-------------------|
| No Contributions reported. | | | | | |

Reported Subjects:

Health & Safety, Medical

ROBERT GOLDBERG on behalf of AMERICAN KRATOM ASSOCIATION

Reported Bills:

No bills reported.

Reported Public Bodies:

No public_bodies reported.

Reported Executive Officials:

No executive_officials reported.