



1

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Wednesday, August 17, 2016
Austin, Texas

Registration forms **MUST** be turned in before the beginning of the meeting.
Each registrant's comment time is limited to **THREE** minutes.

Please **PRINT** clearly

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s):

List agenda title(s) or number(s) 2i

Summary of comments: Concern regarding interpretation and enforcement of new transportation regulation

Registrant Information:

Please **PRINT** clearly

NAME: <u>Patrick Lillard</u>		
ADDRESS: <u>P.O. Box 48</u>		
CITY: <u>Elgin</u>	STATE: <u>TX</u>	ZIP: <u>78621</u>
PHONE NUMBER: <u>(979) 450-6142</u>	REPRESENTING: <u>TOFGA</u>	

Signature: _____

- To comment:
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 3. Wait for the chair to call on you
 4. Limit your comments to three minutes
 5. Individuals cannot accumulate time from other speakers



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I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s):

List agenda title(s) or number(s) 21

Summary of comments: See written comments

Registrant Information:

Please PRINT clearly

NAME:	<u>Judith McGeary</u>	<u>Mc Geary</u>
ADDRESS:	<u>PO Box 0809</u>	
CITY:	<u>Cameron</u>	STATE: <u>TX</u> ZIP: <u>76520</u>
PHONE NUMBER:	<u>254-697-2661</u>	REPRESENTING: <u>Farm and Ranch Freedom Alliance</u>

Signature: Judith McGeary

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List agenda title(s) or number(s) 2i

Summary of comments: _____

Registrant Information:

Please **PRINT** clearly

NAME:	Germaine Swenson		
ADDRESS:	20826 Blake Manor Rd		
CITY:	Manor	STATE:	TX
PHONE NUMBER:	512 940 5228	REPRESENTING:	ZIP: 78653

Signature: Germaine Swenson

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List agenda title(s) or number(s) 2i

Summary of comments: concern about job loss + lack of education about rules.

Registrant Information:

Please **PRINT** clearly

NAME:	Susan Beckwith		Beckwith
ADDRESS:	408 E. 8th St.		
CITY:	ELGIN	STATE:	TX
PHONE NUMBER:		ZIP:	78621
		REPRESENTING:	

Signature:

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List agenda title(s) or number(s) C1

Summary of comments: Clear Communication

Registrant Information:

Please PRINT clearly

NAME: <u>Cameron Molberg</u>		<u>Cameron Molberg</u>	
ADDRESS: <u>13817 Klaus Lane</u>			
CITY: <u>Elgin</u>	STATE: <u>TX</u>	ZIP: <u>78621</u>	
PHONE NUMBER: <u>512 281 6319</u>		REPRESENTING: <u>TOFGA</u>	

Signature:

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I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s):

List agenda title(s) or number(s) 21

Summary of comments: REGULATIONS SHOULD BE FOCUSED ON ENSURING FOOD SAFETY AND NOT ON PUNISHING SMALL BUSINESSES

Registrant Information:

Please **PRINT** clearly

Bea Runkle

NAME:	<u>Ben Runkle</u>		
ADDRESS:	<u>1009 JOHANNA ST # B</u>		
CITY:	<u>AUSTIN</u>	STATE:	<u>TX</u>
PHONE NUMBER:	<u>512-917-6071</u>	REPRESENTING:	<u>ZIP: 78704</u>

Signature: [Handwritten Signature]

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