



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Wednesday, November 4, 2009
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

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

AGENDA ITEM 9
Summary of Comments:
IF NEEDED I CAN ADDRESS COUNCIL ON ISSUE.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: DARREN TURLEY, ADDRESS: 2951 Hwy 1496, CITY: Dublin, STATE: TX, ZIP: 76446, PHONE NUMBER: (817)304-4139, REPRESENTING: TX. ASSOC. of DAIRYMEN

Signature: Darren Turley Date: 11-4-09

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
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did not testify



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Summary of Comments:

# 9

Please allow licensed raw dairy farmers to deliver their products... to markets, etc.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING.

Signature: [Handwritten Signature] Date: 11/4/09

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When called, said did not want to testify



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Summary of Comments:

Explaining proposal from stakeholders

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Judith M'Geary.

Signature: Judith M'Geary Date: 11/4/09

To Comment:

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**Summary of Comments:**

Registrant information:

*Please PRINT clearly*

NAME:	Cynthia Cinadr
ADDRESS:	PO Box 443 <del>AAO</del>
CITY:	Moulton
STATE:	TX
ZIP:	77975
PHONE NUMBER:	361 596-7732
REPRESENTING:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Summary of Comments:**

Registrant information:

*Please PRINT clearly*

NAME: <u>RYAN McKEEMAN</u>		
ADDRESS: <u>1405 RABA RD</u>		
CITY: <u>AUSTIN</u>	STATE: <u>TX</u>	ZIP: <u>78704</u>
PHONE NUMBER: <u>(512) 750 4511</u> REPRESENTING: <u>SELF</u>		

Signature: Ryan C. McKeeman

Date: 11/4/09

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Summary of Comments: *Raw Milk*

Registrant information:

*Please PRINT clearly*

NAME: <i>Bob Stryk</i>		
ADDRESS: <i>629 Krenck Stryk Rd</i>		
CITY: <i>Schulenburg</i>	STATE: <i>TX</i>	ZIP: <i>78956</i>
PHONE NUMBER: <i>979 561-8468</i> REPRESENTING: <i>Raw milk</i>		

Signature: *Bob Stryk* Date: *11-4-09*

**To Comment:**

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raw milk

Summary of Comments:

Nutritional Impact

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Dr. Mary Travers.

Signature: [Handwritten Signature]

Date: 11-4-09

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RAW MILK
Summary of Comments:

ability of farmers to sell raw milk
at Farmers Markets will benefit markets,
farmers, & communities

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: ANDREW W SMILEY, ADDRESS: 1106 CLAYTON LN., STE 480W, CITY: AUSTIN, STATE: TX, ZIP: 78723, PHONE NUMBER: 512 236 0074, REPRESENTING: SUSTAINABLE FOOD CENTER & AUSTIN FARMERS' MARKET

Signature: [Handwritten Signature]

Date: 11/04/09

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Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Liz Hoffmaster, ADDRESS: 3200 Bryker Dr, CITY: Austin, STATE: Tx, ZIP: 78703, PHONE NUMBER: (512) 459 4201, REPRESENTING: Self.

Signature: [Handwritten signature]

Date: 11-04-09.

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**Summary of Comments:**

*Professional opinions of Raw Milk benefits.*

Registrant information:

*Please PRINT clearly*

NAME: <u>Dr. MARK SHANNAN</u>	
ADDRESS: <u>5840 Balcones Dr. Ste 100</u>	
CITY: <u>Austin</u>	STATE: <u>TX</u> ZIP: <u>78731</u>
PHONE NUMBER: <u>(512)</u>	REPRESENTING: <u> </u>

Signature: *Mark Shannan, D.C.*

Date: 11/4/09

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Raw Milk

Summary of Comments:

Proposed raw milk regs.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: BYRON C. "Toey" Courtney; ADDRESS: 5326 E. FM 852; CITY: Winnsboro STATE: TX ZIP: 75494; PHONE NUMBER: (903) 365-7194; REPRESENTING: Jersey Girls Milk Co.

Signature: B.C. Courtney Date: 11-4-09

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Summary of Comments: 9

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, filled with handwritten information.

Signature: [Handwritten Signature] Date: 11-2-09

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9

**Summary of Comments:**

Registrant information:

*Please PRINT clearly*

NAME: Katrina Hartsock		
ADDRESS: 7601 Vol Walker Dr		
CITY: Austin	STATE: TX	ZIP: 78749
PHONE NUMBER: (512) 899-8294	REPRESENTING:	

Signature: 

Date: 11/4/09

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Did not testify



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Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Joe Pajman, Ph.D.

Signature: Joe Pajman Date: 11/4/09

- To Comment: 1. Register by completing the form. 2. Turn the form in before the start of the meeting. 3. Wait for the chairman to call on you. 4. Limit your comments to three minutes. 5. Individuals cannot accumulate time from other speakers.

left before called to testify



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Summary of Comments:

9

Not sure yet

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, filled with handwritten information for Chris Patterson.

Signature: [Handwritten Signature]

Date: 11/4/2009

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Summary of Comments: 9

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Duane King, 1709 Ravey St, Austin, TX, 78704, (512) 740-0639, and Myself / Licenses.

Signature: [Handwritten Signature]

Date: 11-4-09 Dirty Farmer

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Summary of Comments:

Value of RAW MILK

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: BILL SWAIL, ADDRESS: 2402 KATHY CYP, CITY: AUSTIN, STATE: TEX, ZIP: 78704.

Signature: [Handwritten Signature]

Date: 11/4/10

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**Summary of Comments:**

Registrant information:

*Please PRINT clearly*

NAME: <b>PAUL NORRIS</b>		
ADDRESS: <b>PO BOX 4620</b>		
CITY: <b>Austin</b>	STATE: <b>TX</b>	ZIP: <b>78765</b>
PHONE NUMBER: (512) <del>349-7575</del> REPRESENTING: <b>FAMILY</b>		

**349-7575**

Signature: **Paul M Norris**

Date: **11.4.09**

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**Summary of Comments:**

Registrant information:

*Please PRINT clearly*

NAME: Deborah Work
ADDRESS: 691 Twin Oaks Trl
CITY: Dripping Sp STATE: TX ZIP: 78620
PHONE NUMBER: 512 858 5233 REPRESENTING:

Signature: Deborah Work Date: 11/4/09

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