



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services Council Meeting
Thursday June 25, 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)*):

Summary of Comments:

\$ h. milk & dairy

Registrant information:

Please PRINT clearly

NAME: CHARLES BUBNTS
ADDRESS: 11012 CROSSLAND DR
CITY: Austin STATE: TX ZIP: 78725
PHONE NUMBER: (512) 49-0895 REPRESENTING: SELF & WIFE

Signature: _____

Date: 6/25/09

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.

#2



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topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

h. Raw milk Regulations do not need to be changed
Farmers take precautions for public safety
Consumers have rights to obtain milk in natural form
Without fuel and money expenditures driving long distances
to pick up

Registrant information:

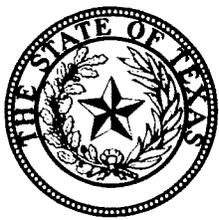
Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER. Includes handwritten text: Dawn Campbell, P.O. Box 1358, Cedar Park TX 78630, and (936) 697-0020 REPRESENTING: Weston A Price, Williamson County chapter

Signature: Dawn Campbell Date: 6-25-09

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#3



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Summary of Comments:

W. Regarding raw milk

Registrant information:

Please PRINT clearly

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

Signature: [Handwritten Signature] Date: 6/25/09

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#4



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Summary of Comments:

h. Re: Raw Milk

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER. Handwritten entries include 'Bondservant of Jesus Christ', 'Lockhart', and '512 398-7800'.

Signature: Donna Jo Voetee Date: June 25, 09

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4h - Raw Milk Dairy Regulations

Summary of Comments:

to allow for purchase and/or delivery of milk to customers
- no "final" customer at the farm, etc

Registrant information:

Please PRINT clearly

NAME: Rachel Bradley		
ADDRESS: 2106 Milan Drive		
CITY: Cedar Park	STATE: TX	ZIP: 78613
PHONE NUMBER: (512) 331-2829 REPRESENTING: friends + family		

Signature: Rachel Bradley

Date: 6/25/09

To Comment:

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Summary of Comments:

M:IK Item H.

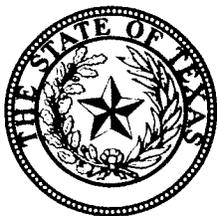
Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten entries.

Signature: _____ Date: _____

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Summary of Comments:

4h

Registrant information:

Please PRINT clearly

NAME: Bryan Lambeth, P.E.		
ADDRESS: 13018 Partridge Bend Dr		
CITY: Austin	STATE: Tx	ZIP: 78729
PHONE NUMBER: (512) 331-7972 REPRESENTING: J&J		

Signature: Bryan Lambeth

Date: 6/25/09

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Summary of Comments:

4h

Registrant information:

Please PRINT clearly

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

Signature: [Handwritten Signature] Date: 6/25/09

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Summary of Comments:

4M

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Ro Cazenave, ADDRESS: P.O. Box 256, CITY: Simonton, STATE: TX, ZIP: 77476, PHONE NUMBER: (281) 533 0340, REPRESENTING: self + Farmers Market.

Signature: Ro Cazenave Date: 6/25/09 at LaCenterra

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Summary of Comments: 4h
Rules concerning milk + dairy
Transportation of raw milk

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Stuart Veldhuizen, 425 PR 1169, Dublin, TX, 76446.

Signature: [Handwritten Signature] Date: 6-25-09

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Summary of Comments: RAW MILK

Registrant information:

Please PRINT clearly

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

Signature: [Handwritten Signature] Date: 6-25-09

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Summary of Comments:

4H

Registrant information:

Please PRINT clearly

NAME: Julie Lake		
ADDRESS: 5310 Musket Ridge		
CITY: Austin	STATE: Tx	ZIP: 78759
PHONE NUMBER: (512) 418-1364 REPRESENTING: family		

Signature: Julie Lake

Date: 6/25/09

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Summary of Comments:

4h

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Bob Stryk, 629 Krenelc Stryk Rd, Schuenburg, TX, 78956, and phone number (979) 561-8468.

Signature: [Handwritten Signature] Date: 6-25-09

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Summary of Comments:

Raw Milk

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER. Handwritten entries include: NAME: Elyse Chaloupka, ADDRESS: 312 CR 251, CITY: Moulton, STATE: TX, ZIP: 72925, PHONE NUMBER: 861-596-4470.

Signature: [Handwritten Signature] Date: 6-24-09

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Summary of Comments:

- I'm for continued or increased access to Raw Milk Assoc. products.
- We use it daily & use it with our children w/ great success.
- As a doctor & nutritionist, I speak regularly on the health benefits

Registrant information:

Please PRINT clearly

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

Signature: [Handwritten Signature] Date: 6/24/09

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Summary of Comments:

Please consider making raw milk more accessible to those who choose to consume it, rather than more difficult. As informed consumers, we should be allowed the right to

Registrant information: choose, especially considering the enormous benefits of raw milk. Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Emily Erickson, 4405 Ave. A, Austin, TX, 78751, and phone number (512) 431-5767.

Thank you

Signature: [Handwritten Signature] Date: 6/25/09

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Summary of Comments:

4 A

Registrant information:

Please PRINT clearly

Registration form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten name: ROY ATKINSON.

Signature:

Handwritten signature of Roy Atkinson

Date:

6-25-09

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

Summary of Comments:

4H

Registrant information:

Please PRINT clearly

NAME: BRENDA M. MORRIS	
ADDRESS: 3571 FAR WEST BLVD. #50	
CITY: AUSTIN	STATE: TX ZIP: 78731
PHONE NUMBER: (512) 441-1234	REPRESENTING: FAMILY

Signature: Brenda M. Morris

Date: June 25, 2009

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Summary of Comments:

Commentary regarding the availability of raw milk.

Registrant information:

Please PRINT clearly

NAME: Marie Walker		
ADDRESS: 3803 Standfield Ct		
CITY: Austin	STATE: TX	ZIP: 78732
PHONE NUMBER: (512) 266-3024	REPRESENTING: Self	

Signature: Marie Walker Date: June 25, 2009

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Summary of Comments:

4H

Registrant information:

Please PRINT clearly

NAME:	Jennifer Everett		
ADDRESS:	11250 Taylor Drapes Ln # 214		
CITY:	Austin	STATE:	TX ZIP: 78759
PHONE NUMBER:	(202) 997-3034	REPRESENTING:	

Signature:

Date: 6/25/09

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