

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Friday, August 23, 2013 6:33 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/23/2013 6:33:10 PM.

Online registration

Field	Value
Name	Melissa Nicholson
Representing	Self, NARAL Pro-Choice Texas
Mailing Address	3100 French Place
City	Austin
State	Texas
Zip Code	78722
E-mail Address	<u>Melissatalor_1@hotmail.com</u>
Phone	512-236-8975
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/23/2013 6:33:10 PM.

Bivens,Carolyn (DSHS)

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From: DSHSCouncil@dshs.state.tx.us
Sent: Tuesday, August 27, 2013 6:54 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 6:54:21 PM.

Online registration

Field	Value
Name	Hope Phillips
Representing	Self
Mailing Address	3850 Fearless Treadway
City	Round Mountain
State	Texas
Zip Code	78663-8502
E-mail Address	epiphanyhopephillips@gmail.com
Phone	830-825-3417
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	Oppose House Bill 2 as Unconstitutional
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/27/2013 6:54:21 PM.

Bivens,Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Tuesday, August 27, 2013 8:16 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 8:16:20 PM.

Online registration

Field	Value
Name	Morgan Engelmann
Representing	Self
Mailing Address	6513 Linda Ln
City	Austin
State	TX
Zip Code	78723
E-mail Address	morganluthien@gmail.com
Phone	402-312-5406
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	Access and admitting privileges.
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/27/2013 8:16:20 PM.

Bivens,Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Tuesday, August 27, 2013 10:44 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 10:44:12 PM.

Online registration

Field	Value
Name	Elizabeth Burr
Representing	Capital Area Democratic Women
Mailing Address	4107 Sinclair Ave Austin, TX 78756
City	Austin
State	TX
Zip Code	78756
E-mail Address	lizeburr@gmail.com
Phone	5124596481
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB 2 implementation
Comments	Other

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/27/2013 10:44:12 PM.

Bivens,Carolyn (DSHS)

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From: DSHSCouncil@dshs.state.tx.us
Sent: Tuesday, August 27, 2013 11:05 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 11:05:01 PM.

Online registration

Field	Value
Name	Brian McAuliffe
Representing	Self
Mailing Address	922 Lazy Lane
City	San Marcos
State	TX
Zip Code	78666
E-mail Address	brianadvisor@yahoo.com
Phone	512-392-8169
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB2
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/27/2013 11:05:01 PM.

Bivens,Carolyn (DSHS)

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From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 10:51 AM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 10:51:15 AM.

Online registration

Field	Value
Name	Aimee Arrambide
Representing	self
Mailing Address	1815 Richcreek Road
City	Austin
State	Texas
Zip Code	78757
E-mail Address	aimee@prochoicetexas.org
Phone	5125875692
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB Rules and Regulations
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 10:51:15 AM.

Bivens,Carolyn (DSHS)

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From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 11:21 AM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 11:20:34 AM.

Online registration

Field	Value
Name	Emily Martin, MPH
Representing	Myself
Mailing Address	1781 Spyglass Apt 205
City	Austin
State	Texas
Zip Code	78746
E-mail Address	emily.martin6@gmail.com
Phone	210-355-2636
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB2 Regulations
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 11:20:34 AM.

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 1:22 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 1:21:54 PM.

Online registration

Field	Value
Name	Jennifer Darrouzet
Representing	Self
Mailing Address	13020 Coriander Drive
City	Austin
State	TX
Zip Code	78729
E-mail Address	darrouzet@gmail.com
Phone	5123369725
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	House Bill 2 re: abortion facility reporting and licensing
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 1:21:54 PM.

Bivens,Carolyn (DSHS)

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From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 4:10 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 4:09:35 PM.

Online registration

Field	Value
Name	Noelle dempsey
Representing	Self
Mailing Address	17816 quitman mountain way
City	Round rock
State	Tx
Zip Code	78664
E-mail Address	<u>Noellenoodle@gmail.com</u>
Phone	512-695-2991
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	Hb2 compliance
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 4:09:35 PM.

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 4:28 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 4:27:54 PM.

Online registration

Field	Value
Name	Lenzi Sheible
Representing	Fund Texas Women
Mailing Address	117 W William Cannon Dr Apt 128
City	Austin
State	TX
Zip Code	78745
E-mail Address	lenzi@fundtexaswomen.org
Phone	512-900-8908
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	Abortion facility rules
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 4:27:54 PM.

Bivens,Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 9:58 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 9:58:06 PM.

Online registration

Field	Value
Name	Cheryl Foster
Representing	Self
Mailing Address	P.O. Box 4177
City	Waco
State	TX
Zip Code	76708
E-mail Address	caf80@yahoo.com
Phone	254.265.4883
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 9:58:06 PM.

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 10:23 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 10:23:24 PM.

Online registration

Field	Value
Name	John Abramowitz
Representing	Self
Mailing Address	13021 Legendary Drive, Apt. 527
City	Austin
State	TX
Zip Code	78727
E-mail Address	john.abramowitz@yahoo.com
Phone	(817) 846-8222
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	4(d)
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 10:23:24 PM.

Bivens, Carolyn (DSHS)

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From: DSHSCouncil@dshs.state.tx.us
Sent: Thursday, August 29, 2013 12:47 AM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/29/2013 12:47:07 AM.

Online registration

Field	Value
Name	Lisa LeBlanc
Representing	Self
Mailing Address	4620 W. William Cannon Dr. #5
City	AUSTIN
State	Texas
Zip Code	78749
E-mail Address	1619austin@gmail.com
Phone	9723589011
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB2
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/29/2013 12:47:07 AM.

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Wednesday, August 28, 2013 7:25 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 7:25:08 PM.

Online registration

Field	Value
Name	Zoey Lichtenheld
Representing	self
Mailing Address	1309 Payne Ave.
City	Austin
State	TX
Zip Code	78757
E-mail Address	zlichtenheld@gmail.com
Phone	512-659-8650
appearancedate	Aug. 29, 2013 – Council Meeting
Topic	HB 2- ASC requirements
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 7:25:08 PM.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting

Thursday, August 29, 2013

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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME:	Andy Heilveil		
ADDRESS:	13271 Kerrville		
CITY:	Austin	STATE:	TX ZIP: 78729
PHONE NUMBER:	(512) 791-3577	REPRESENTING:	Self

Signature: *Andy Heilveil*

Date: 29 Aug 2013

To Comment:

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



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Council Meeting
Thursday, August 29, 2013
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. *(Please complete a separate form for each agenda topic on which you wish to provide comments):*

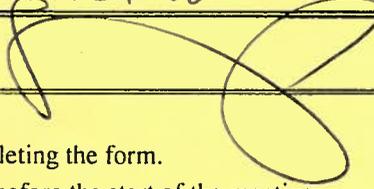
Summary of Comments:

opposed to HB2

Registrant information:

Please PRINT clearly

NAME: Amy Kamp		
ADDRESS: 1815 Singleton Ave		
CITY: Austin	STATE: TX	ZIP: 78702
PHONE NUMBER: (512) 699 0820 REPRESENTING: self		

Signature:  Date: 8/29/13

- To Comment:**
1. Register by completing the form.
 2. Turn the form in before the start of the meeting.
 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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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services Council Meeting
Thursday, August 29, 2013
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. (*Please complete a separate form for each agenda topic on which you wish to provide comments*):

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME: Amanda Sabo		
ADDRESS: 1350 Sadler Dr. Apt 10306		
CITY: San Marcos	STATE: TX	ZIP: 78666
PHONE NUMBER: (317)509-1388 REPRESENTING: myself		

Signature: Amanda Sabo

Date: 8/29/2013

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
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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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Council Meeting
Thursday, August 29, 2013
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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

Please PRINT clearly

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

Signature:

Handwritten signature of Jessica Luther

Date:

8/29/13

To Comment:

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



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Council Meeting
Thursday, August 29, 2013
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. (*Please complete a separate form for each agenda topic on which you wish to provide comments*):

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME:	Bonnie L Budroni		
ADDRESS:	11607 A Rustic Rock Dr		
CITY:	STATE:	ZIP:	
Austin	TX	78750	
PHONE NUMBER:	REPRESENTING:		
(512) 327-9992	S/H		

Signature: Bonnie L Budroni Date: 8/29/13

To Comment:

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



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Council Meeting
Thursday, August 29, 2013
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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

Please PRINT clearly

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

Signature: [Handwritten Signature] Date: 8/29/13

To Comment:

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



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Council Meeting
Thursday, August 29, 2013
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. *(Please complete a separate form for each agenda topic on which you wish to provide comments):*

Summary of Comments:

about sexual violence survivors, rural women, lessening the harm HB2 will inflict

Registrant information:

Please PRINT clearly

NAME: <i>Liza Wolff-Francis</i>		
ADDRESS: <i>2804 Bushnell Dr.</i>		
CITY: <i>Austin</i>	STATE: <i>TX</i>	ZIP: <i>78745</i>
PHONE NUMBER: <i>(505) 977-8834</i> REPRESENTING: <i>-</i>		

Signature: *Liza Wolff-Francis* Date: *8/29/13*

To Comment:

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