#3



Collector: Web Link 1 (Web Link)

 Started:
 Monday, July 09, 2018 4:35:52 PM

 Last Modified:
 Monday, July 09, 2018 4:38:05 PM

Time Spent: 00:02:12

IP Address: 162.217.184.229

Page 1

Q1 Please provide some basic information

Witness Name: Alice Setrini or Kaitlyn Quigley

Organization (if any): LAF - MLP Project Supervisory Attorney

City/Town: Chicago

State:

Q2 What do you want to do?

ATTEND THE MEETING and SPEAK (You may still add

IL

written comments below)

Q3 Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

#4

COMPLETE

Collector:

Web Link 1 (Web Link)

Started:

Tuesday, July 10, 2018 9:34:45 AM

Last Modified:

Tuesday, July 10, 2018 9:36:32 AM

Time Spent: IP Address:

00:01:46 162.217.184.229

Page 1

Q1 Please provide some basic information

Witness Name:

Organization (if any):

City/Town:

State:

Q2 What do you want to do?

Aimee Ramirez or Alicia Huguelet

Greater Chicago Food Depository

Chicago

IL

ATTEND THE MEETING and SPEAK (You may still add written comments below)

Q3 Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

The Greater Chicago Food Depository will talk about its partnership with CCHHS to provide fresh food to CCHHS patients at the CCHHS ambulatory clinics.



COMPLETE

Collector:

Web Link 1 (Web Link)

Started:

Tuesday, July 10, 2018 9:47:43 AM

Last Modified:

Tuesday, July 10, 2018 9:48:30 AM

Time Spent: IP Address:

00:00:47 162.217.184,229

Page 1

Q1 Please provide some basic information

Witness Name:

Robert Urso

Organization (if any):

PCC Community Wellness Centers

City/Town:

Chicago

State:

IL

Q2 What do you want to do?

ATTEND THE MEETING and SPEAK (You may still add written comments below)

Q3 Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

Mr. Urso will speak on the importance of CountyCare as a provider of medical insurance and services.



#6

COMPLETE

Collector:

Web Link 1 (Web Link)

Started:

Tuesday, July 10, 2018 9:48:52 AM

Last Modified:

Tuesday, July 10, 2018 9:49:45 AM

Time Spent:

00:00:52

IP Address:

162.217.184.229

Page 1

Q1 Please provide some basic information

Witness Name:

Dan Fulwiler

Organization (if any):

Esperanza Health Centers

City/Town:

Chicago

State:

IL

Q2 What do you want to do?

ATTEND THE MEETING and SPEAK (You may still add written comments below)

Q3 Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

Mr. Fulwiler will speak on the importance of CountyCare as a provider of medical insurance to the residents of Cook County.



#7



Collector:

Web Link 1 (Web Link)

Started:

Tuesday, July 10, 2018 11:47:54 AM

Last Modified:

Tuesday, July 10, 2018 11:49:08 AM

Time Spent:

00:01:13

IP Address:

38.122.242.58

Page 1

Q1 Please provide some basic information

Witness Name:

Organization (if any):

City/Town:

State:

ZIP:

Q2 What do you want to do?

& Alicia Hosan

Richard Monocchio

Cook County Housing Authority

Chicago

IL

60612

ATTEND THE MEETING and SPEAK (You may still add written comments below)

Q3 Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

I will not have a written statement

#8



Collector:

Web Link 1 (Web Link)

Started:

Tuesday, July 10, 2018 2:55:34 PM

Last Modified:

Tuesday, July 10, 2018 2:56:21 PM

Time Spent: IP Address:

00:00:47 64.7.100.52

Page 1

Q1 Please provide some basic information

Witness Name:

Kristi DeLaurentiis

Organization (if any):

South Suburban Mayors and Managers Association

City/Town:

East Hazel Crest

State:

IL

ZIP:

60438

Q2 What do you want to do?

ATTEND THE MEETING and SPEAK (You may still add written comments below)

Q3 Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

Will provide as handout.





COOK COUNTY AND FOREST PRESERVE DISTRICT BOARDS OF COMMISSIONERS

Thank you for registering to speak at a meeting of the Cook County Board or Forest Preserve District Board. Each person who registers will have three minutes to address the board or committee. You may bring documents for the Board to consider and/or you can submit written comment electronically to cookcounty.board@cookcountyil.gov

| Witness Name Thomas Hulseman |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization (if any) Chicago Regional Growth Corp |
| City Chicago |
| State IL |
| ZIP 6060/ |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak Pre-lim Hearing |
| *Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us. |
| *What do you want to do? Circle ONE |
| ATTEND THE MEETING and |
| SPEAK IN FAVOR of a specific item |
| SPEAK IN OPPOSITION to a specific item |
| SPEAK FOR INFORMATION ONLY |

DO NOT ATTEND THE MEETING but

REGISTER IN FAVOR of a specific item (You may add written comments on back of this form or email)

REGISTER IN OPPOSITION to a specific item (You may add written comments on back of this form or email)





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| Witness Name David Roeder |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization (if any) Chicago News Guild |
| City Chicast |
| State |
| ZIP 60602 |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak *Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us. |
| *What do you want to do? Circle ONE |
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| SPEAK IN FAVOR of a specific item |
| SPEAK IN OPPOSITION to a specific item |

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| Witness Name ISPENDINZO VILIDIONOS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization (if any) TRP |
| City_Cicero |
| State TL |
| ZIP 60608 60804 |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak |
| *Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us. |
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| Witness Name TRON IShler | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Organization (if any) City of Oak Fores | |
| City Ock Forest | |
| State | |
| ZIP 60452 | |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know th date, we can help at 312.603.6398 or email us. Please fill out a separate form for eat which you wish to speak *Tell us the File ID number (example 17-0000) of the item on which you are reg | each meeting |
| position. If you don't know the number, we can help at 312.603.6398 or email us. | |
| *What do you want to do? Circle ONE | • |
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| | |

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| Witness Name Andrea Kluck |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization (if any) Chilago Lederatan of Lapar |
| City Milago |
| State |
| ZIP (1000) |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting |
| at which you wish to speak The Im hearing |
| *Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us. |
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| Witness Name 14 Jany Stevenson |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization (if any) OH (WW) Adult (WW) L City State ZIP |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak |
| *Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us. |
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| Witness Name Mayor Annie Roulla |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization (if any) For & Heights - Village |
| City For 1 Hts |
| State |
| ZIP |
| *Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or email us. Please fill out a separate form for each meeting at which you wish to speak |
| *Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or email us. |
| *What do you want to do? Circle ONE |
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