

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 12, 2017 11:38:41 AM
Last Modified: Tuesday, September 12, 2017 11:42:54 AM
Time Spent: 00:04:13
IP Address: 174.221.6.230

Page 1

Q1 Please provide some basic information

Witness Name: Rachel Rubin
Address: 5414 S Greenwood Ave, Unit 1
City/Town: Chicago
State: IL
ZIP: 60615
Email Address: rrubin@uic.edu

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

County Health and Hospitals Committee Wed 9/13 1030a

Q3 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 cookcounty.board@cookcountyil.gov. You can also look it up using the County Calendar or the Forest Preserve Calendar

17-4704

Q4 What do you want to do?

DO NOT ATTEND THE MEETING but REGISTER IN OPPOSITION to a specific item (You may add written comments below)

Q5 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 oppose the repeal of the sweetened beverage tax.

Q6 ACCOMMODATIONS: If you require additional assistance or special accommodations in order to participate in a hearing (for example, need language assistance, are a person with a disability), please let us know here, call 312.603.6127 or email us at cookcounty.board@cookcountyil.gov Intérpretes de lengua española estarán disponibles para los residentes que necesiten asistencia. We cannot guarantee assistance for requests made less than 48 hours in advance of a meeting.

Respondent skipped this question

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 12, 2017 12:00:29 PM
Last Modified: Tuesday, September 12, 2017 12:02:00 PM
Time Spent: 00:01:31
IP Address: 216.82.251.237

Page 1

Q1 Please provide some basic information

Witness Name: Cristina Evans
Organization (if any): Lurie Children's Hospital
City/Town: Chicago
State: IL

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

County Health and Hospitals Committee Wed 9/13 1030a

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17-1577

Q4 What do you want to do?

DO NOT ATTEND THE MEETING but REGISTER IN OPPOSITION to a specific item (You may add written comments below)

Q5 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 sweetened beverage tax is a healthy source of revenue for Cook County. Sugary drinks are the number one source of added sugar in the American diet and are linked to increased risk for heart disease, type 2 diabetes and obesity. Mounting evidence shows that as prices go up, consumption goes down.

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Respondent skipped this question

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 12, 2017 5:38:44 PM
Last Modified: Tuesday, September 12, 2017 5:43:35 PM
Time Spent: 00:04:51
IP Address: 172.12.84.73

Page 1

Q1 Please provide some basic information

Witness Name: Ken Kaminski
Address: 1893 Governors Lane
City/Town: Hoffman Estates
State: IL
ZIP: 60169
Email Address: kenkaminski13@sbcglobal.net

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

County Health and Hospitals Committee Wed 9/13 1030a

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Respondent skipped this question

Q4 What do you want to do?

DO NOT ATTEND THE MEETING but REGISTER IN OPPOSITION to a specific item (You may add written comments below)

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no soda tax

Q6 ACCOMMODATIONS: If you require additional assistance or special accommodations in order to participate in a hearing (for example, need language assistance, are a person with a disability), please let us know here, call 312.603.6127 or email us at cookcounty.board@cookcountyil.gov Intérpretes de lengua española estarán disponibles para los residentes que necesiten asistencia. We cannot guarantee assistance for requests made less than 48 hours in advance of a meeting.

Respondent skipped this question

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 12, 2017 5:45:41 PM
Last Modified: Tuesday, September 12, 2017 5:54:18 PM
Time Spent: 00:08:37
IP Address: 66.99.2.215

Page 1

Q1 Please provide some basic information

Witness Name: Sabina A SANGOLEYE
Organization (if any): ACTS of Faith Health Committee: St. Luke M. Baptist Church
Address: 7262 South Coles Avenue
City/Town: Chicago
State: IL
ZIP: 60649
Email Address: ssangoleye@sbcglobal.net

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

County Health and Hospitals Committee Wed 9/13 1030a

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Reference Number:17-4704

Q4 What do you want to do?

DO NOT ATTEND THE MEETING but REGISTER IN OPPOSITION to a specific item (You may add written comments below)

Q5 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 oppose the Repeal of the sweetened beverage tax."

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Respondent skipped this question

#5

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 12, 2017 7:11:42 PM
Last Modified: Tuesday, September 12, 2017 7:22:47 PM
Time Spent: 00:11:05
IP Address: 73.8.201.161

Page 1

Q1 Please provide some basic information

Witness Name: Joe T. Freeman Sr.
Address: 9050 South Cornell Ave
City/Town: Chicago
State: IL
ZIP: 60617
Email Address: joetfreeman@hotmail.com

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

County Health and Hospitals Committee Wed 9/13 1030a

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17-4704

Q4 What do you want to do?

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Q5 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

Repeal the beverage tax. I do not shop in Illinois because of this tax. You are causing more harm to our local economy because of this tax.

This tax is being placed on products that are not soda's. Why should you dictate to people how and what they consume.

Q6 ACCOMMODATIONS: If you require additional assistance or special accommodations in order to participate in a hearing (for example, need language assistance, are a person with a disability), please let us know here, call 312.603.6127 or email us at cookcounty.board@cookcountyil.gov Intérpretes de lengua española estarán disponibles para los residentes que necesiten asistencia. We cannot guarantee assistance for requests made less than 48 hours in advance of a meeting.

Respondent skipped this question

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, September 12, 2017 9:59:12 PM
Last Modified: Tuesday, September 12, 2017 10:19:54 PM
Time Spent: 00:20:42
IP Address: 73.168.138.204

Page 1

Q1 Please provide some basic information

Witness Name: Donna George
Address: 1039 Franklin Avenue
City/Town: River Forest,
State: IL
ZIP: 60305
Email Address: dgeorge617@aol.com

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

**County Health and Hospitals Committee Wed 9/13
1030a**

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17-4704

Q4 What do you want to do?

**DO NOT ATTEND THE MEETING but REGISTER IN
OPPOSITION to a specific item (You may add written
comments below)**

Q5 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

dgeorge617@aol.com

Q6 ACCOMMODATIONS: If you require additional assistance or special accommodations in order to participate in a hearing (for example, need language assistance, are a person with a disability), please let us know here, call 312.603.6127 or email us at cookcounty.board@cookcountyil.gov Intérpretes de lengua española estarán disponibles para los residentes que necesiten asistencia. We cannot guarantee assistance for requests made less than 48 hours in advance of a meeting.

dgeorge617@aol.com

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, September 13, 2017 8:43:07 AM
Last Modified: Wednesday, September 13, 2017 8:47:29 AM
Time Spent: 00:04:22
IP Address: 192.203.137.223

Page 1

Q1 Please provide some basic information

Witness Name: Jennifer
Address: 219 n derbyshir
City/Town: arl hts
State: IL
ZIP: 60004
Email Address: jennifer.richa@gmail.com

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

**County Health and Hospitals Committee Wed 9/13
1030a**

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NA

Q4 What do you want to do?

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Q5 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 want the Can the Tax act to pass. It is ridiculous to tax consumers of beverages additional tax to pay for CHICAGO'S Poor management! It is NOT a health issue. The tax is on diet and sugar free beverages too. We're NOT STUPID !!

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na

#8

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, September 13, 2017 1:01:12 PM
Last Modified: Wednesday, September 13, 2017 1:06:11 PM
Time Spent: 00:04:59
IP Address: 204.26.30.5

Page 1

Q1 Please provide some basic information

Witness Name: Joseph R. Hageman, MD
Organization (if any): University of Chicago
Address: MC6060
Address 2: 5841 S Maryland Ave
City/Town: Chicago
State: IL
ZIP: 60637
Email Address: jhageman@peds.bsd.uchicago.edu

Q2 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 cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

**County Health and Hospitals Committee Wed 9/13
1030a**

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As a pediatrician, I am opposed to the repeal of the soda tax as consumption of sugary drinks by our children represents a health hazard re: obesity, type 2 diabetes mellitus and long term effects on kidney function, Sincerely, Joe Hageman

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