



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Margaret L. DeFedein

City Woodstock State IL Zip 60098

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) DOTTIE MUSKOVIN

City Rockford State IL Zip 61103

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

DOUG HALTHORNE

City

HARVARD

State

IL

Zip

60033

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MERCY

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Michael Kelly

City Harvard State ILLINOIS Zip 60033

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Harvard

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

City

Wesley M. Jost

State

Zip

Fox River Grove

IL

60011

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

PATRICK CRANLEY

City

MAISON

State

WI

Zip

53711

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MercyHealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Cindy Tuminskas

City

Roscoe

State

IL

Zip

61073

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Andrea Zimmerman

City Milton State WI Zip 53563

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Renee Doonan

City

Janesville

State

WI

Zip

53545

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Mary Rekowski

City Janesville State WI Zip 53546

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Chuck Reiter

City Rockford

State

IL

Zip

61103

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Stacy Fairbert
City Roscoe State IL Zip 61073

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Eric Alows

City

Jonesville

State

WI

Zip

53548

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy health

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Brooke Spencer

City Rockford State IL Zip 61109

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Rebecca Cove

City

Delavan

State

WI

Zip

53115

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Representing MercyHealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Don Straker

City

Rockford

State

IL

Zip

61103

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth Hospital - Rockford Ave.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

PATRICIA LUENKE

City

ROCKFORD

State

IL

Zip

61103

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MercyHealth Hospital –

Rockton Avenue

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Debra Potempa

City

Rockford

State

IL

Zip

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

GRETCHEN FINLEY

City

LAKE GENEVA

State

WI

Zip

53147

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

JOE MILANESE

City

Cottage Grove

State

WI

Zip

53527

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Cardace Thompson

City

Janesville

State

WI

Zip

53548

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Kathryn Adams

City

Machesney Park

State

IL

Zip

61115

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth Corporation

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Morgan Landi

City

Delavan

State

WI

Zip

53115

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy health Corporation

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Lea Beach

City Janesville State WI Zip 53547

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Karina Surdick

City Janesville State WI Zip 53547

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) TYLER KILLBACK

City JANESVILLE State WI Zip 53545

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MercyHealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

In support of Crystal Lake Hospital
and Clinic

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

City Byron State IL Zip 61010

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth - in support of hospital
and medical center projects

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Kara Sankey

City ORFORDVILLE

State WI

Zip 53576

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MercyHealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Katherine Kug

City Janesville State WI Zip 53548

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Meegan Romer

City Woodstock State IL Zip 60098

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Jan Botts

City

Janine

State

W

Zip

53548

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

DANIEL LAWLER

City

Chicago

State

IL

Zip

60606

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Barnes & Thornbury, LLP

Council for Centegra Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Kristina DeCoster

City

Rockford

State

IL

Zip

61104

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MercyHealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

TRISH REED

City

State

Zip

53589

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Barb Bortner

City Rodriguez

State SO WI/NO IL

Zip _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Lindsey Knickrehm

City

Crystal Lake

State

IL

Zip

60044

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MercyHealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Clair McNamara

City

Janesville

State

Wisconsin

Zip

53548

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Bryan Spigarello

City

Janesville

State

WI

Zip

53546

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health - I,

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Michelle Hintz

City

Roscoe

State

IL

Zip

61073

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Betty Mortensen

City

Anytown, IL

State

IL

Zip

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Sue Ripsch

City

Janesville

State

WI

Zip

53549

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

City

State

Zip

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

JAVON R Bea

City

Crystal Lake

State

IL

Zip

60014

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Natalie Wagner

City

Machesney Park

State

IL

Zip

61115

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

BRIAN VASO

City

~~██████████~~ Mokenso

State

IL

Zip

60152

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

LABORERS LOCAL 1035

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Christine Moss

City

Rockford

State

IL

Zip

61103

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Michele Lipper

City Rockford State IL Zip 61103

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyhealth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) John Dorsey MD
City Rockford State IL Zip 61114

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Sue Schrieber

City

Rockford

State

IL

Zip

61114

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

mercyhealth

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Robert Walters

City Rockford State IL Zip 61107

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) Carolyn Bengtson
City Rockford State IL Zip 61103

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) BRIAN MYERS

City ELGIN State IL Zip 60123

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Randy Benish

City Janesville

State WI

Zip 53548

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

~~ABC Concerned Citizens for Health Care~~

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

JOHN KEHOE

City

Rockford

State

IL

Zip

61107

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

SHAWN DAVID

City

ROCKFORD

State

IL

Zip

61103

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Jim McMannus

City New Lenox State IL Zip 60451

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Local 17 Heat + Frost Insulators

I represent many members of this area who would support the jobs + services from this project.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

JOHN KRAVENAS

City

CRYSTAL LAKE

State

IL

Zip

60014

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care).

RESIDENT OF CRYSTAL LAKE AND A

RETIREE UNION CARPENTER LOCAL 2087

MC HENRY COUNTY

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17