



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name Lisa Sasso
City Effingham State IL Zip 62401
Signature [Signature]

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

9/2/20



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name Jim Zimmer
City Mattoon State IL Zip 61939
Signature [Signature]

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

9/2/20



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name Dana Ruhoff
City Texopolis State IL Zip 62467
Signature Dana Ruhoff

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

9/2/20



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name GREG SAPP

City EFFINGHAM State IL Zip 62401

Signature [Handwritten Signature]

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)

Premier Broadcasting Inc.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name Ben Koester
City Effingham State IL Zip 62401
Signature Ben Koester

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)

SBLHS support

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

SBLHS

9/2/20



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name Lana Esker
City Charleston State IL Zip 61920
Signature Lana Esker

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)

Wife of Sarah Bush CEO

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name

Ryan Jennings

City

Effingham

State

IL

Zip

62401

Signature

[Handwritten Signature]

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)

HSHS St. Anthony's Memorial Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20

[Handwritten Signature]



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name

Patrick Sewert

City

Effingham

State

IL

Zip

62401

Signature

[Handwritten Signature]

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

[Handwritten Circle around Neutral]

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name

Amy Card

City

Mattoon

State

IL

Zip

61938

Signature

Amy Card

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

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Tim Kostel
City Trilla State IL Zip 62469
Signature Tim Kostel

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

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Nathan Elting
City ~~LaPorte~~ Charleston State IL Zip 61920
Signature *Nathan Elting*

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)

~~SBH~~ McCarthy - General Contractor for SBL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Eric Hoffman

City Mt. Vernon State IL Zip 62864

Signature [Signature]

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)

McCarthy Building Co

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Colton DAVIS

City EFFINGHAM State ILLINOIS Zip 62401

Signature [Signature]

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 UIC + ASSOCIATES ARCHITECTS - IN SUPPORT OF

SARAH BUSH LINCOLN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name William Utz

City Effingham State IL Zip 62401

Signature William Utz

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)

Utz & Associates Architects P.C.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Logan Canady
City MARSHALL State IL Zip 62441
Signature [Signature]

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

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name Stacia Goings
City Effingham State IL Zip 62401
Signature Stacia Goings

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)

SUPPORT

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name

Chris Kessler

City

Strasburg

State

IL

Zip

62465

Signature

[Signature]

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)

Sarah Bush Lincoln

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name

Deanna Hunsaker

City

Hidalgo

State

IL

Zip

62432

Signature

Deanna Hunsaker

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

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name BRAD BEESLEY

City EFFINGHAM State IL Zip 62401

Signature [Handwritten Signature]

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)

SUPPORT SARAH BUSH

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name

Helen Hoene

City

Effingham

State

ILL

Zip

62401

Signature

Helen Hoene

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

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Karen Dyer

City Sullivan State IL Zip 61951

Signature Karen Dyer

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)

Sarah Bush Lincoln

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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I. IDENTIFICATION

Name Michelle Coffin
City Effingham State IL Zip 62401
Signature Michelle Coffin

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)

Sarah Bush Lincoln

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name Sara Beyers
City Effingham State IL Zip 62401
Signature [Signature]

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)

SBLHS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name Meghan Wahl
City Effingham State IL Zip 62401
Signature Meghan Wahl

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)

Sarah Bush Lincoln Health Systems

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
Building, Effingham

Project Number: #20-030

I. IDENTIFICATION

Name

Jody Deters

City

Effingham

State

IL

Zip

62401

Signature

Jody Deters

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)

Sarah Bush Lincoln

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office
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Project Number: #20-030

I. IDENTIFICATION

Name Brooke Zerrusen

City Effingham State IL Zip 62401

Signature Brooke Zerrusen

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)

Sarah Bush Lincoln

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/2/20