



# Local Emergency Planning Committee Membership Update Form

State Emergency Response Commission  
c/o TDEM Operations Section  
Post Office Box 4087  
Austin, TX 78773  
(512) 424-2208  
E-Mail: soc@dps.texas.gov



### BOX A

*Box A must be filled in and signed by the County Judge or an appointed EMC before returning form(s) to the SERC*

Legal Name of LEPC: Hidalgo County LEPC

County/Countries: Hidalgo	Is this your entire LEPC membership listing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
County Judge's First Name: Ramon	Last Name: Garcia

County Judge's Approval (*signature required*):

Date:

### LEPC Membership Categories

*(In accordance with Public Law 99-499, Section 301(c))*

*Note: Information may be released to the public under the Texas Open Records Act. Use your work address and phone number.*

Community Group	CG	Health	HE	Information Coordinator	IC
Emergency Management	EM	Hospital	HO	Print/Broadcast Media	PBM
Emergency Medical Service	EMS	Law Enforcement	LE	State/Local Official	SLO
Facility Owners/Operators	FO	Local Environmental Group	LEG	Transportation Personnel	TP
Firefighters	FF	Health	HE	Other	OTH

### Box 1: Chairperson Update Information

Salutation: Chief	First Name: James	Last Name: Schultz
Job Title: Asst. Fire Chief	Contact Phone: 956-681-2510	
Contact Email: jschultz@mcallen.net	Fax Number:	
Organization/Agency: McAllen Fire Department	LEPC Membership Category: CP	
Address: 201 N. 21st Street		
City: McAllen	State: TX	Zip Code: 78501

### Box 2: Vice Chairperson Update Information

Salutation:	First Name: Sherri	Last Name: Abendroth
Job Title: Safety & Emergency Management Coordinatc	Contact Phone: 956-362-3126	
Contact Email: s.abendroth@dhr-rgv.com	Fax Number:	
Organization/Agency: Doctors Hospital at Renaissance Health System	LEPC Membership Category: CV	
Address: 1008 E. Dove #303		
City: McAllen	State: TX	Zip Code: 78539

Please provide a point-of-contact in the event there are questions about the information contained on these forms. Thank you.

Contact Name: Rolando Casas	Email: rolando.casas@co.hidalgo.tx.us	Phone: 956-457-1080
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## LEPC Member Updates

Reproduce this page if necessary.

Box A and Box 1 on first page must be completed when submitting member updates.

Salutation:	First Name: Jericka	Last Name: Gaskamp
Job Title: Emergency Management Intern	Contact Phone: 956-362-2126	
Contact Email: jericka.gaskamp@outlook.com	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency: Doctors Hospital at Renaissance Health System	LEPC Membership Category: CG	
Did this person replace a previous member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previous member's name:		
Salutation:	First Name: Nancy	Last Name: Cuellar
Job Title: Emergency Management Analyst	Contact Phone: 956-681-1236	
Contact Email: ncuellar@mcallen.net	Is this person a new member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency: City of McAllen	LEPC Membership Category: IC	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name: Rolando	Last Name: Casas
Job Title: Deputy Emergency Management Coordinator	Contact Phone: 956-318-2615	
Contact Email: rolando.casas@co.hidalgo.tx.us	Is this person a new member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency: Hidalgo County OEM	LEPC Membership Category: EM	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		