

**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE**

600 South Commonwealth Avenue, 10th Floor λ Los Angeles, CA 90005-4001 λ λ Fax 213.381.8023

HIV PREVENTION PLANNING COMMITTEE ROSTER

P P C M E M B E R S

NAME: Michael GREEN , Gov. Co-Chair SINCE: 2005 TERM: No Term Limit	LAC/OFFICE OF AIDS PROGRAMS & POLICY 600 S. Commonwealth Avenue, 9 th Floor Los Angeles, CA 90005-4001	PHONE: 213.351.8171 FAX: 213.381.8023 EMAIL: mgreen@ph.lacounty.gov
NAME: Sophia RUMANES , Gov. Co-Ch SINCE: 2005 TERM: No Term Limit	LAC/OFFICE OF AIDS PROGRAMS & POLICY 600 S. Commonwealth Avenue, 11 th Floor Los Angeles, CA 90005-4001	PHONE: 213.351.8085 FAX: 213.382.7605 EMAIL: srumanes@ph.lacounty.gov
NAME: AJ KING SINCE: 2008 TERM: 1 st Term Expires 12/09	CALIFORNIA STD/HIV PREVENTION TRAIN	PHONE: 213.598.6203 FAX: EMAIL: aj.king@cdph.ca.gov
NAME: Terry L. SMITH , Co-Chair SINCE: 2006 TERM: 2 nd Term Expires 12/09	AIDS PROJECT LOS ANGELES 3550 Wilshire Blvd., Suite 300 Los Angeles, CA 90010	PHONE: 213.201.1409 FAX: 213.201.1598 EMAIL: TSmith@apla.org
NAME: Traci BIVENS-DAVIS SINCE: 2007 TERM: 2 nd Term Expires 12/10	COMMON GROUND 2012 Lincoln Blvd. Santa Monica, CA 90405-1317	PHONE: 310.314.5480 ext. 111 FAX: 310.314.5487 EMAIL: tbivens@commongroundwestside.org
NAME: Scott CAMPBELL SINCE: 2006 TERM: 2 nd Term Expires 12/09	MIDTOWNE SPA 615 Kohler Street Los Angeles, CA 90021-1023	PHONE: 213.680.1838 FAX: 213.680.0933 EMAIL: GM@Midtowne.com
NAME: Juli-Ann CARLOS SINCE: 2008 TERM: No Term Limit	LAC/HIV EPIDEMIOLOGY 600 S. Commonwealth Avenue, Suite 1920 Los Angeles, CA 90005	PHONE: 213.351.8173 FAX: 213.487.6473 EMAIL: jcarlos@ph.lacounty.gov
NAME: Tyrone CARTER SINCE: 2008 TERM: 1 st Term Expires 12/09	REACH LA 1400 E. Olympic Blvd.- Suite 240 Los Angeles, Ca 90021	PHONE: 213.622.1650 Ext. 104 FAX: 213.622.1650 EMAIL: Tyrone_reachla@earthlink.net
NAME: John COPELAND SINCE: 2009 TERM: No Term Limit	LAC/STD PROGRAM 2615 S. Grand Avenue, 5 th Floor Los Angeles, CA 90007	PHONE: 213.744.5957 FAX: EMAIL: jcopeland@ph.lacounty.gov
NAME: Cesar CUADRA SINCE: 2007 TERM: 2 nd Term Expires 12/10	CHILDREN'S HOSPITAL LOS ANGELES 6430 W. Sunset Blvd., Suite 1500 Los Angeles, CA 90028-7901	PHONE: 323.361.8418 FAX: 323.906.8043 EMAIL: carauzcuadra@chla.usc.edu
NAME: Trevor DANIELS SINCE: 2006 TERM: 2 nd Term Expires 12/09	SHIELDS FOR FAMILIES 11603 S. Western Avenue Los Angeles, CA	PHONE: 323.242.5000 ext. 1255 FAX: EMAIL: tdaniels@shieldsforfamilies.org
NAME: Daniel DENIZ SINCE: 2006 TERM: 2 nd Term Expires 12/09	WHITTIER RIO HONDO AIDS PROJECT 9200 Colima Road, Suite 104 Whittier, CA 90601-1814	PHONE: 562.698.3850 FAX: 562.698.6811 EMAIL: ddeniz@wrhap.org
NAME: David GIUGNI SINCE: 2003 TERM: No Term Limit	CITY OF WEST HOLLYWOOD 8300 Santa Monica Boulevard West Hollywood, CA 90069-6216	PHONE: 323.848.6410 FAX: 323.848.6565 EMAIL: dgiugni@weho.org
NAME: Mario GONZALEZ SINCE: 2006 TERM: No Term Limit	CITY OF LONG BEACH HEALTH DEPT. 3820 Cherry Avenue Long Beach, CA 90807-4323	PHONE: 562.570.7912 FAX: 562.570.8123 EMAIL: Mario_Gonzalez@longbeach.gov
NAME: Philip HENDRICKS SINCE: 2005 TERM: 3 rd Term Expires 12/10	AIDS PROJECT LOS ANGELES 3550 Wilshire Blvd., Suite 300 Los Angeles, CA 90010	PHONE: 213.201.1308 FAX: 213.201.1598 EMAIL: phendricks@apla.org
NAME: Jeffrey KING SINCE: 2004 TERM: 3 rd Term Expires 12/09	IN THE MEANTIME MEN'S GROUP, INC. 4067 W. Pico Blvd Los Angeles, CA 90019-4308	PHONE: 323.733.4868 FAX: 323.733.4877 EMAIL: inthymeantimemen@aol.com
NAME: Lee KOCHEMS SINCE: 2006 TERM: 2 nd Term Expires 12/09	CBRS/CAL STATE UNIVERSITY LONG BCH 1090 Atlantic Avenue Long Beach, CA 90813-3403	PHONE: 562.495.2330 X147 FAX: 562.983.1421 EMAIL: LMKanthroconsult@aol.com

**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE**

600 South Commonwealth Avenue, 10th Floor λ Los Angeles, CA 90005-4001 λ λ Fax 213.381.8023

P P C M E M B E R S

NAME: Miguel MARTINEZ SINCE: 2005 TERM: 3 rd Term Expires 12/10	CHILDRENS HOSPITAL LOS ANGELES 5000 Sunset Blvd., 4 th Floor, MS 2 Los Angeles, CA 90027-5861	PHONE: 323.361.3908 FAX: 323.913.3614 EMAIL: mimartinez@chla.usc.edu
NAME: Victor MARTINEZ SINCE: 2009 TERM: 1 st Term Expires 12/10	BIENESTAR HUMAN SERVICES, INC. 5326 E. Beverly Blvd Los Angeles, CA 90022	PHONE: 323.727.7896 FAX: 323.727.7985 EMAIL: vmartinez@bienestar.org
NAME: Sandra OLIVAS SINCE: 2008 TERM: No Term Limit	CITY OF PASADENA HIV PROGRAMS 1845 N. Fair Oaks Avenue Pasadena, CA 91103	PHONE: 626.744.6098 FAX: 626.797.4128 EMAIL: solivas@cityofpasadena.net
NAME: Ron OSORIO SINCE: 2007 TERM: 2 nd Term Expires 12/10	CENTER FOR HEALTH JUSTICE 8235 Santa Monica Blvd., Suite 214 West Hollywood, CA 90069-4307	PHONE: 323.822.3830 FAX: 323.822.3831 EMAIL: ron@healthjustice.net
NAME: Ricki ROSALES SINCE: 2007 TERM: No Term Limit	CITY OF L.A. – AIDS COORDINATORS OFFI 333 S. Spring Street, Suite D2 Los Angeles, CA 90013-1229	PHONE: 213.485.3423 FAX: 213.847.3820 EMAIL: ricky.rosales@lacity.org
NAME: Jill ROTENBERG SINCE: 2007 TERM: 2 nd Term Expires 12/10	JWCH Institute, Inc. 1910 W. Sunset Blvd., Suite 650 Los Angeles, CA 90026-3275	PHONE: 213.484.1186 FAX: 213.413.3443 EMAIL: jrotenberg@jwchinstitute.org
NAME: Precious STALLWORTH SINCE: 2007 TERM: 2 nd Term Expires 12/10		PHONE: 310.735.5965 FAX: EMAIL: cqueenpglow@yahoo.com
NAME: Enrique TOPETE SINCE: 2006 TERM: 2 nd Term Expires 12/09	THE WALL – LAS MEMORIAS PROJECT 111 North Avenue 56 Los Angeles, CA 90042-4111	PHONE: 323.257.1056 FAX: 323.257.1625 EMAIL: etopete@thewalllasmemorias.org
NAME: Kimberlee WOODS SINCE: 2008 TERM: 1 st Term Expires 12/09	THE CENTER LONG BEACH 2017 E. 4 th Street Long Beach, CA 90814-1001	PHONE: 562.434.4455 FAX: 562.433.6428 EMAIL: kimw@centerlb.org
NAME: Tim YOUNG SINCE: 2009 TERM: No Term Limit	LAC/ALCOHOL & DRUG PROGRAM ADMIN 1000 S. Fremont Ave., Bdg A9 East, 3 rd Fl Alhambra, CA 91803-8800	PHONE: 626.299.3239 FAX: 626.299.7266 EMAIL: timyoung@ph.lacounty.gov
NAME: SINCE: TERM:		PHONE: FAX: EMAIL:
NAME: SINCE: TERM:		PHONE: FAX: EMAIL:
NAME: SINCE: TERM:		PHONE: FAX: EMAIL:
NAME: SINCE: TERM:		PHONE: FAX: EMAIL:
NAME: VACANT SINCE: TERM: No Term Limit	LAC/TUBERCULOSIS CONTROL	PHONE: FAX: EMAIL:
NAME: VACANT SINCE: TERM: No Term Limit	STATE OF CALIFORNIA – OFFICE OF AIDS	PHONE: FAX: EMAIL: