

NEW BUSINESS

ITEM D-1

**National Breast Cancer Coalition
The Breast Cancer Deadline 2020**

DATE SUBMITTED 01/30//2015
 SUBMITTED BY City Clerk
 DATE ACTION REQUIRED 02/04/2015

Agenda Item No D-1
 CITY COUNCIL ACTION (X)
 PUBLIC HEARING REQUIRED ()
 RESOLUTION (X)
 ORDINANCE 1ST READING ()
 ORDINANCE 2ND READING ()

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: NATIONAL BREAST CANCER COALITION-THE BREAST CANCER DEADLINE 2020. PRESENTATION-LINDA CADY, BETWEEN WOMEN.	
<p>1. APPROVE RESOLUTION NO. 2015-03, RESOLUTION OF THE CITY COUNCIL OF THE CITY OF IMPERIAL, CALIFORNIA IN SUPPORT OF THE "BREAST CANCER DEADLINE 202" CAMPAIGN.</p>	
DEPARTMENT INVOLVED: City Council	
BACKGROUND/SUMMARY: Linda, Cady, Executive Director, Between Women, Inc. will make a presentation of the efforts of the National Breast Cancer Coalition to end breast cancer by January 1, 2020.	
FISCAL IMPACT:	
STAFF RECOMMENDATION: City Council approves Resolution 2015-03.	
MANAGER'S RECOMMENDATION:	MANAGER'S INITIALS <u>MDB</u>
MOTION:	
SECONDED: AYES: NAYES: ABSENT:	APPROVED () REJECTED () DISAPPROVED () DEFERRED () REFERRED TO:

RESOLUTION NO. 2015-03

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF IMPERIAL, CALIFORNIA IN
SUPPORT OF THE “BREAST CANCER DEADLINE 2020” CAMPAIGN**

WHEREAS, On January 1, 2010, in the United States there were approximately 2,829,041 women alive who had a history of breast cancer; and

WHEREAS, the estimated chance a woman in the United States develops invasive breast cancer during her lifetime is 12.5%, up from 9.09% in 1974; and

WHEREAS, excluding basal cell and squamous cell skin cancers, breast cancer is the most commonly diagnosed cancer among women in the United States; and

WHEREAS, in 2014 it is estimated that 232,670 new cases of invasive breast cancer will be diagnosed among US women and approximately 2,360 new cases will be diagnosed among US men; and

WHEREAS, in 1991 the National Breast Cancer Coalition was formed with one mission: an end to breast cancer; and

WHEREAS, to renew the sense of urgency to its mission and to refocus global efforts on ending breast cancer and saving lives, the National Breast Cancer Coalition has set a deadline to end breast cancer by January 1, 2020; and

WHEREAS, the National Breast Cancer Coalition has entitled this campaign “Breast Cancer Deadline 2020.”

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF IMPERIAL, CALIFORNIA DOES HEREBY RESOLVE AS FOLLOWS:

1. That the foregoing is true, correct and adopted hereby.
2. That the City Council of the City of Imperial, California (“the City Council”) offers its support for “Breast Cancer Deadline 2020.”
3. That the City Council authorizes and directs the City Clerk to submit a copy of this resolution to the appropriate representatives associated with the “National Breast Cancer Coalition.

PASSED, APPROVED AND ADOPTED by the City Council of the City of Imperial, this 4th day of February 2015.

Mark Gran, Mayor

ATTEST:

Debra Jackson, City Clerk

Public Official Endorsement Form

It's time to abandon our old ideas about breast cancer. It's time to get serious about knowing how to end breast cancer. Yes. Knowing how to end breast cancer. That means we have to change the conversation and our behavior about the way we approach breast cancer.

We've been invigorated and inspired by the positive response we've received from public officials like you who tell us they support **Breast Cancer Deadline 2020®**. Join the voices of all those who are saying, "I stand behind **Breast Cancer Deadline 2020®** and knowing how to end breast cancer by January 1, 2020."

I support Breast Cancer Deadline 2020®.

PUBLIC OFFICIAL

*Name: _____
(First & Last Required)

*State / Province: _____

Address: _____

*Email: _____

Phone: _____

*Elected or appointed position held: _____

*Term of office ends: (month/year) _____

I am an authorized representative of the above official and am empowered to make this endorsement on her/his behalf.

*Name: _____
(First & Last Required)

*By declaring my support of **Breast Cancer Deadline 2020®**, I commit to:*

- *Becoming educated about the issues and solutions to knowing how to end breast cancer by January 1, 2020*
- *Sharing information about **Breast Cancer Deadline 2020®** with my colleagues and constituents*

**Required*

*This endorsement is a show of support for **Breast Cancer Deadline 2020®** only. It is not meant to indicate a financial arrangement, a sanction of NBCC's positions nor is it meant to indicate support by NBCC of the endorsing official.*

Form & List Available at BreastCancerDeadline2020.org/PublicOfficialsEndorse

The
Breast
Cancer
Deadline

A Blueprint for
Breast Cancer Deadline 2020®

2020

In 1991, the National Breast Cancer Coalition was formed with one mission: an end to breast cancer. NBCC has accomplished much over its twenty plus years: bringing about unprecedented research funding to the worldwide scientific community, forging new collaborations to design research and set priorities, expanding access to information and care to underserved women and launching unparalleled training programs to prepare advocates around the globe to work side by side with scientists, policy makers and health care providers.

Yet breast cancer continues to take lives. In 2014, more than 522,000 women worldwide will die of breast cancer. In the United States alone, 39,620 women and 410 men will die of breast cancer.

To renew the sense of urgency to its mission and to refocus global efforts on ending breast cancer and saving lives, the National Breast Cancer Coalition has set a deadline: End breast cancer by January 1, 2020, **Breast Cancer Deadline 2020®**. NBCC has a strategic plan of action to achieve the deadline. The plan focuses on primary prevention, stopping women from getting breast cancer, and understanding and preventing metastasis (the spread of cancer), which is responsible for 90% of breast cancer deaths.

The significant investments in breast cancer research over the years have brought us to the point where a collaborative, deadline-driven, mission approach is viable. This endeavor requires a critical look at research and health care priorities and incentives, as well as examining funding mechanisms and advocacy efforts. It requires a focused strategy to expand quality, evidence-based care in addition to unprecedented coordination, information sharing and accountability. It requires individuals, institutions and governments to cooperate in new ways and to an extent never before considered. Vision, urgency, unwavering focus and creative collaboration under true leadership are the key ingredients for success.

NBCC cannot do it alone. This blueprint describes how NBCC will seek to harness the energy, resources and leadership around the world to achieve **Breast Cancer Deadline 2020®**. The blueprint is designed around three goals: research needed to end breast cancer; global access to the necessary information and lifesaving interventions; and the influence of leaders everywhere in the strategies to end breast cancer. NBCC will point the way, create and facilitate collaborations, formulate and implement plans of action, and identify and push for the policies needed. Ultimately, success will depend upon those outside NBCC: leaders, researchers, public officials, the philanthropic and funding community, breast cancer advocates, and the general public.

What does the end of breast cancer by 2020 mean? By January 1, 2020, we must understand how to prevent people from getting breast cancer in the first place and how to prevent them from dying from the disease. NBCC will have a strategic plan in place to achieve its mission, will have implemented much of it, and will have obtained support and partnership from leadership among all key stakeholder groups.

RESEARCH:

FACILITATE COLLABORATION IN ALL AREAS AND MINIMIZE UNNECESSARY COMPETITION.

All stakeholders involved in research, particularly the scientific community, must work together to create synergy and develop partnerships to advance the pace of research. NBCC will lead this effort through:

- 1. Strategic summits.** In order to assess the extent of the problems, identify meaningful questions and the individuals and tools needed to answer them, NBCC will host summits bringing together stakeholders and other visionaries. Two summits have been conducted: one on primary prevention, the other on preventing metastasis. Additional summits will be planned as needed. NBCC will refine and prioritize the recommendations from those summits, and launch catalytic projects to address those priorities that will achieve the deadline.
- 2. Catalytic Projects (Artemis Project®).** Priority issues identified through summits and other **Breast Cancer Deadline 2020®** work will be the subject of catalytic projects, an innovative, advocate-led, mission-driven model which ensures appropriate focus on the end result. For each catalytic project, NBCC will form collaborations on specific issues to define solutions and implement research plans to achieve them. The work will take place within an infrastructure maintained by NBCC which will include in-person meetings and use of the web and social media to exchange data and information and facilitate collaboration. Within this infrastructure, project participants will develop, implement and oversee research plans.
 - **First Pilot Artemis Project®:** The topic chosen was a five year development plan for a breast cancer preventive vaccine, because of the potential impact on breast cancer and the progress made in the field of immunology. A research plan is in place, teams have been identified and the plan is being implemented. This vaccine project will serve as the model for other catalytic projects.
 - **Future catalytic projects.** Within the Artemis Project®, future projects will be identified through Summits and other collaborative efforts. Initial areas of focus planned for 2013 and beyond include the role of viruses in the initiation, development, or spread of breast cancer; the role of inflammation in breast cancer; targeting the immune system to prevent breast cancer development or metastasis; the role of lifestyle and other external exposures in initiation and progression of breast cancer; and identifying the windows when women are most vulnerable to breast cancer development and metastasis.
 - **Refine existing research infrastructure.** NBCC will form a collaboration to identify problems that impede progress within the research infrastructure and design solutions to move the existing systems to focus on making progress toward the **Breast Cancer Deadline 2020®** goal. This project will include an initial workshop to review existing models of effective resource allocation that may be relevant and identify the leadership and processes necessary to achieve success. Plans will be refined, monitored and adjusted through 2020.

LEVERAGE EXISTING FINANCIAL RESOURCES TO HARNESS THE KNOWLEDGE AND EXPERIENCE OF YEARS OF RESEARCH TO CATALYZE INNOVATION.

The **Breast Cancer Deadline 2020®** campaign will capitalize on the investments made by our nation and others around the world that have resulted in the knowledge, tools and technologies needed to end breast cancer. The goal is to take what is known and build upon it for the sole purpose of ending the disease, not to create better tools to identify breast cancer or better mechanisms for managing it. Plans for leveraging existing resources include:

- 1. Seed grants for research.** Within the Artemis Project®, NBCC will award seed grants to allow scientists to begin the research required in each of the key areas identified in the collaborative research plans. Seed funding will allow researchers to apply for the majority of the grants from existing resources such as government, private foundations, and corporations.

- 2. Public policy approach.** Policy will be developed to support leveraging existing resources. To this end, the *Accelerating the End of Breast Cancer Act* has been introduced in the US Senate and House of Representatives. Comparable policies will be forwarded as the need is identified.
- 3. An X-Prize type challenge.** NBCC, with the help of a leadership committee of scientists, advocates and other stakeholders, is developing a BCPrize challenge, similar to the well-known X Prize, to answer a significant question that will help further progress toward ending the disease by 2020.
- 4. A campaign to influence increased research on existing interventions through innovative methods.** There are lifestyle interventions and approved drugs with known safety profiles for which there is some evidence of effectiveness in preventing breast cancer or metastasis. There is a moral imperative to conduct trials in breast cancer to get the answers. NBCC will work with government, academic institutions and industry to advance these clinical trials.

ACCESS:

DEVELOP A GLOBAL STRATEGY TO ENSURE THAT INDIVIDUALS WITH, AND AT RISK OF, BREAST CANCER HAVE ACCESS TO INFORMATION, QUALITY CARE AND SCIENTIFIC ADVANCES. Breast cancer is a disease without borders. Finding the answers to prevention and saving lives will not end breast cancer until everyone, everywhere, has meaningful access to those answers. NBCC will bring together stakeholders from around the world at all levels, from policy makers to grassroots advocates, and engage them throughout the process to make certain that location, economic status, and societal factors are not barriers to access. Strategies include:

- 1. Global science-based grassroots advocacy.** With networks in place in dozens of countries and an increased investment in electronic communication across the globe, NBCC is working with advocates and scientists in Europe, Africa, Asia and South America and helping to create **Breast Cancer Deadline 2020®** continent-wide networks. These networks will expand the existing international breast cancer network in order to improve critical clinical trials research, access to trials and interventions, and engagement in the work to end breast cancer by 2020.
- 2. Advocacy campaigns directed at government and scientific leaders.** NBCC has trained women and men from all continents through its various scientific and policy training programs. NBCC will help mobilize these networks to build advocacy campaigns within countries in order to gain support, endorsement and participation from leaders in government and science worldwide.
- 3. Focus on affordable solutions.** NBCC's vision for the end of breast cancer will evaluate potential breakthroughs not only through the lens of efficacy and safety but also accessibly and affordability. Each geographic area and every country will have its own unique challenges and approaches to promotion and dissemination; no "magic bullet" will arrive by 2020 to end breast cancer in one day.
- 4. Building on existing models.** Seeking ways to accelerate research and at the same time ensure global accessibility to the fruits of that research is not a completely new challenge. NBCC is building on the experience of other pioneers, such as the International AIDS Vaccine Initiative (IAVI), that have modeled the integration of accessible and affordable access into research and development programs.
- 5. Leveraging the power of the internet to coordinate global clinical trials.** The internet's ability to "amplify our collective intelligence" needs to be harnessed. (Michael Nieslon, *Reinventing Discovery: The New Era of Networked Science*) The ability exists to conduct very large trials and gather large and diverse sets of data for meta-analysis (e.g. Cochrane Collaboration). This is all essential to the success of **Breast Cancer Deadline 2020®**.
- 6. Catalytic projects and meetings including international participants.** NBCC will increase the representation of scientists, advocates and others from other countries, in all **Breast Cancer Deadline 2020®** activities.

INFLUENCE:

CHANGE THE CONVERSATION. Despite years of campaigns to raise awareness, ever expanding screening programs, increased fundraising efforts and research, breast cancer incidence and mortality have not changed significantly. Media, advocates, researchers, policy makers and others must be educated in order to shift the essential public dialogue about breast cancer from awareness and screening to prevention and saving lives. We must make certain that leaders in government, industry and all areas embrace the deadline with courage and conviction and make ending this disease a priority. Plans involve:

- 1. A Global Campaign Committee.** A leadership committee of individuals who are leaders in their field and/or community and are committed to ending breast cancer by January 1, 2020 will meet biennially to oversee the progress of the Campaign by providing strategic counsel and evaluating strategies. They will assist NBCC in generating resources for the Campaign.
- 2. The Media.** NBCC has begun implementing a strategic communications plan to increase influence with reporters, editors and others. NBCC has launched a series of educational programs for media leaders, in science and policy, grounding information in evidence.
- 3. Policy makers.** NBCC conducts forums for political leaders to explain **Breast Cancer Deadline 2020®** and breast cancer in general. Networks of educated constituents are interacting with political leaders to push for appropriate policies and discussions. Strategies include petition drives, the design of legislation that complements the campaign, and advocacy efforts that secure declarations of support from policy leaders.
- 4. Scientific community.** By engaging researchers in the Artemis Project® collaborations, the scientific conversation is already changing. NBCC is also reaching out to leaders in the scientific community by speaking and exhibiting at breast cancer scientific conferences and meeting with various scientific associations.
- 5. Industry and business community.** Through meetings with leaders in industry and at non-profit institutions, and dialogue with companies involved in research, philanthropy, and communications, advocates and Global Campaign Committee members will educate those who can influence progress on the deadline and define a role for participation.
- 6. Breast cancer advocates.** The Center for NBCC Advocacy Training has been a leader in supplying the education, tools, training and action that enable breast cancer survivors and other advocates to take leadership roles in clinical, scientific, policy and legislative decision making that affects breast cancer research and public policy. Programs include NBCC's science training Project LEAD, Annual Advocate Summits, and online trainings, all of which involve international advocates.
- 7. General public.** NBCC continues to inform and activate the public through online messaging, print publications, and presentations at events related to breast cancer. NBCC's website and social media pages deliver information about the current state of breast cancer and the **Breast Cancer Deadline 2020®** plan of action to end the disease.
- 8. Progress Reports.** Transparency and accountability are integral components of the campaign and necessary to changing the conversation. Beginning with a baseline report in May 2011, NBCC is issuing annual progress reports that summarize the state of breast cancer as well as the status of NBCC's work to end breast cancer.

MOBILIZE THE BREAST CANCER ADVOCACY COMMUNITY. All those at risk—and all who care about them—must join a revolutionary activist movement with the goal of ending breast cancer. Strategies in place include:

- 1. Organization endorsements.** In order to reach the goal of ending breast cancer by January 1, 2020,

the campaign must gain support from a diverse set of groups and organizations—not just those focused on breast cancer but all who care about and understand the importance of this issue.

- 2. Local networks.** These groups are developing and implementing action plans to engage and mobilize new advocates to broaden the reach for **Breast Cancer Deadline 2020**[®] within their states or regions, expand local outreach efforts and broaden the base of supporters willing to push the envelope and demand actions to end breast cancer by the end of the decade.
- 3. International networks.** NBCC's advocates from outside the United States are building networks within their countries and across continents to galvanize global support for **Breast Cancer Deadline 2020**[®].
- 4. Emerging Leaders.** NBCC's Emerging Leaders program seeks to involve individuals, ages 18-35, in **Breast Cancer Deadline 2020**[®]. An online network gives participants a place to communicate, share resources, and connect with one another and with NBCC so they can continue to act on important efforts towards ending breast cancer. There is also a campus initiative that focuses on engaging students across the country on college campuses and in their surrounding communities in breast cancer advocacy and action.
- 5. Virtual networks.** NBCC is building a grassroots movement for **Breast Cancer Deadline 2020**[®] by utilizing a full range of online tools and social media.

CONCLUSION:

The goal is achievable—with the right amount of passion, leadership and funding.

NBCC was founded in 1991 with a mission to end breast cancer. The tools, information, resources and wisdom now exist to create a global strategy to end breast cancer by January 2020.

NBCC has developed a strategic plan of action that will catalyze the change required to speed progress toward an end to breast cancer. This Blueprint lays out some of the strategies NBCC will follow to achieve its mission. This is a dynamic process; as we learn more, the Blueprint will change. One aspect that will not is that NBCC cannot do it alone. As is made clear in this Blueprint, it will take all of us working together to change years of incremental progress and inspire a decade of unparalleled achievement.

The Blueprint for **Breast Cancer Deadline 2020**[®] will help us get there.

Breast Cancer Facts & Figures

The National Breast Cancer Coalition (NBCC) is a grassroots organization dedicated to ending breast cancer through action and advocacy. Following are a few statistics that speak to the need to end this deadly disease.

INCIDENCE

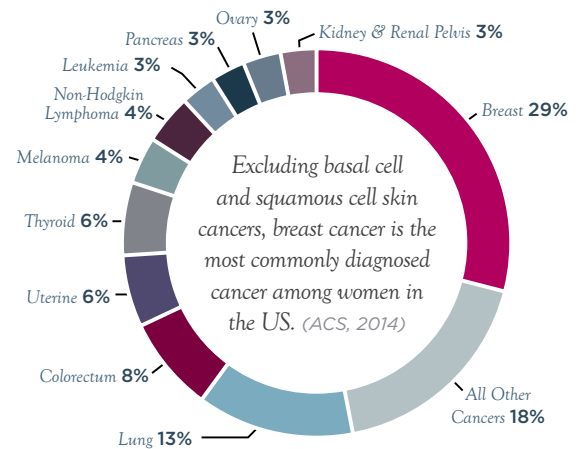
On January 1, 2010, in the United States there were approximately

2,829,041

women alive who had a history of breast cancer. (SEER, 2013)

Estimated chance that a woman in the US develops invasive breast cancer during her lifetime, according to the National Cancer Institute (SEIGEL 2013):

12.5% > **9.09%**
(in 2013) (in 1975)



= 1,000 women
 = 100 women
 = 1,000 men
 = 100 men

In 2014, it is estimated that **232,670** new cases of invasive breast cancer will be diagnosed among US women...

And approximately **2,360** new cases among US men.



In addition to invasive cancers, **62,570** new cases of in situ breast cancer will be diagnosed among women in the US in 2014, approximately **51,933** of which will be ductal carcinoma in situ (DCIS) (ACS, 2014)

The incidence of breast cancer declined from 1999 to 2005, with the greatest decline among white women. Incidence rates have remained relatively stable since 2005. (SEER, 2012) However, incidence of in situ breast cancer increased **2.8%** from 2005-2008.

MORTALITY

Mortality from breast cancer has declined faster for women under the age of 50 (by **3.1%** annually from 1990-2010), regardless of race/ethnicity. (ACS, 2013-2014)

Breast cancer is the second leading cause of cancer death for women in the United States, after lung cancer.

Approximately **40,000** women and **430** men in the US will die from the disease in 2014. (ACS, 2014)

Between 1990 and 2010, the cancer mortality rate for women of all races combined declined by **1.9%** annually. (ACS, 2013-2014)

RACIAL DISPARITIES

(ACS, 2013-2014)

Combining all age groups, white (non-Hispanic) women are more likely to develop breast cancer than black women.

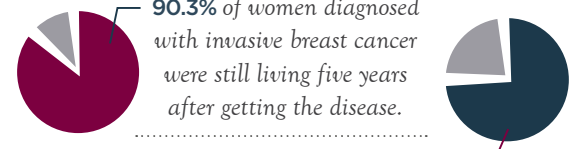


However, black women are more likely to die of breast cancer than white women.



From 2003-2009, approximately

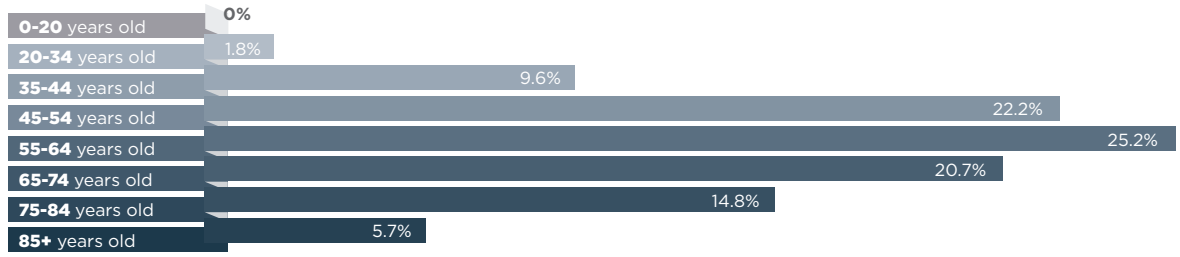
90.3% of women diagnosed with invasive breast cancer were still living five years after getting the disease.



Among black women, approximately **79.1%** were still living five years after getting the disease. (SEER, 2012)

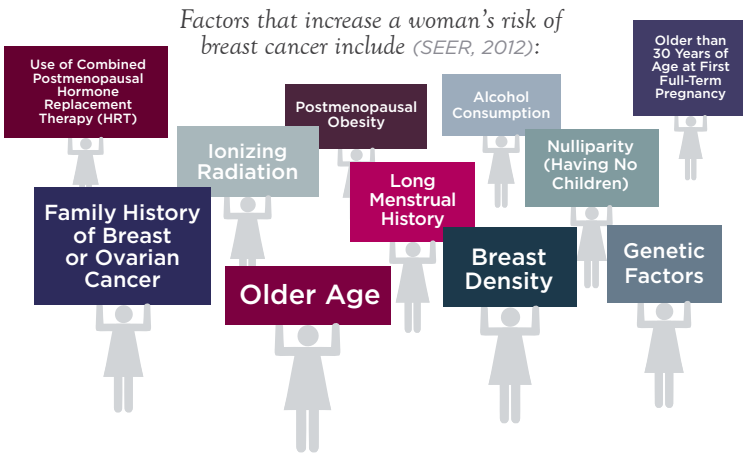
RISK FACTORS

Older women are much more likely to get breast cancer than younger women. From 2006-2010, the median age for a breast cancer diagnosis was **61** years of age. (SEER, 2013)



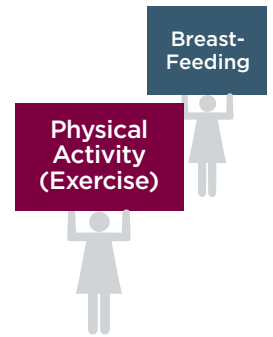
The impact of some risk factors may vary for different races. According to results of the 4Corners Breast Cancer Study, Hispanic women with breast cancer were more likely than white women with breast cancer to have characteristics associated with a lower risk of breast cancer, such as younger age at first birth, having more children, less hormone use, and less alcohol consumption. (Hines et al, 2010)

Factors that increase a woman's risk of breast cancer include (SEER, 2012):



All women are at risk for breast cancer. Only **5-10%** of those with breast cancer have inherited a mutation in the known breast cancer genes (BRCA1 and BRCA2) and **90-95%** of breast cancer cases do not involve these inherited mutations. (ACS 2013-2014; NCI 2006)

Factors that decrease a woman's risk of breast cancer include (SEER, 2012):

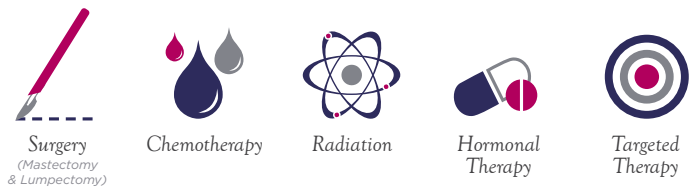


SCREENING & TREATMENT

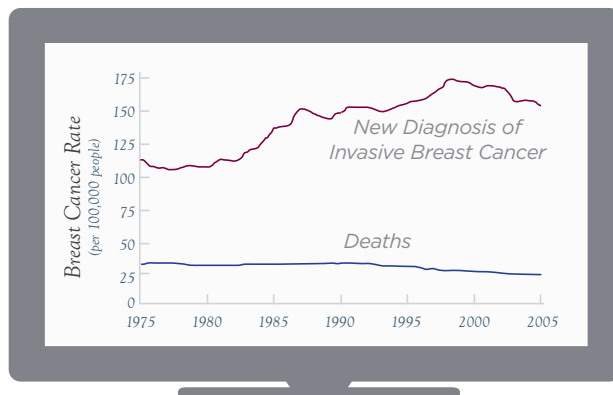
Mammography screening does not prevent or cure breast cancer. It may detect the disease before symptoms occur. It has not led to a significant decline in the incidence of late stage disease. It may also lead to over diagnosis and over treatment. (Bleyer and Welch, 2012)

(ACS, 2013)

The current methods of treatment in use in the US are:



Overdiagnosis of breast cancer from mammography screening means many women become breast cancer patients and survivors and yet there has been a relatively small impact on the number of women dying from breast cancer. (HG Welch, JNCI 2010)



The diagnosis of ductal carcinoma in situ (DCIS) was relatively rare before the early 1980s and the widespread use of mammography. Today, approximately one woman is diagnosed with DCIS for every four women diagnosed with invasive breast cancer. (Allegra et al, 2010) Mammography screening has led to a dramatic increase in the incidence DCIS, which has increased **800%** from before widespread mammography started (early 70s) to three decades later whereas the incidence of distant disease (metastatic) changed **0%**. (Bleyer and Welch, 2012)

Organization Endorsements: A total of 90

1. Aria Hospice LLC
2. Arrowhead Applicators
3. Ashurst Bee Co.
4. Badlands Provisions Inc.
5. Between Women Inc.
6. Beta Sigma Phi, Xi Chi Lambda
7. Beta Sigma Phi, Xi Chi Psi
8. Beta Sigma Phi, Lauréate Iota O micrón
9. Brawley Elks Lodge, #1420
10. Brawley Women's Community Club
11. CalEnergy Operating Corporation
12. California Retina Associates
13. California Cosmetic Laser Clinic
14. Coni Stokely Insurance Services, Inc.
15. De Anza Rescue Unit, Inc.
16. Desert Vein Clinic
17. Educate & Advocate Veterans & Families
18. El Centro Regional Medical Center
19. Green Construction
20. Grasso's Italian Resturant
21. Imperial County Medical Society
22. Imperial Irrigation District
23. Imperial Rotary
24. Imperial Valley College, sent via NBCC
25. Imperial Valley Fire Chief's Office Association
26. Leavitt Ag Inc.
27. Lidco Inc.
28. MANA, Mexican American National Association
29. Mary Kay Independent Beauty Consultant
30. Mission Apartments
31. New Era Oncology
32. Niel Horne Real Estate
33. Passion Parties
34. Pioneer Vans, INC.
35. Pioneers Memorial Healthcare District
36. Pioneers Memorial Hospital Foundation
37. Quality Business Services
38. Smith-Kandal Insurance & Real Estate
39. Son-Shine Counseling Center
40. Soroptimist International, El Centro
41. Steve Reeves Ranches
42. Strictly Business Consulting & Real Estate

Organizational Endorsements, (con't)

43. The Desert Review
44. The Rock Shop, Café
45. Western Avenue Baptist Church
46. Wiest Ranches
- 47. WIN, Women's Investment Network**

Individual Endorsements:

1. Linda Cady
2. Chesaree Carrillo
3. Julie Cunningham
4. Patricia Guthrie
5. Tracy Lynn Rutherford
6. Yolanda Wills
7. Stella Johnson
8. Larry & Arbutus Lewis
9. Kathy Ball
10. Barbara Laughrin
11. Melody Lobstein
12. Stella Sandoval
13. Joel & Anita Shank
14. Don Shank
15. Carrie Taylor
16. Sandra L. Taylor R.N.
17. Bill & Tina Gates
18. Patricia S. Torrez
19. Jodie Remington
20. Susan Tucker
21. Paul & Susan Koon
22. Erasmo Gonzalez
23. Sandra Vasquez
24. Bob Miller
25. Stella Mendoza
26. Jason Zara

Public Official:

1. Mayor of El Centro, Cheryl Viegas-Walker
2. Police Commander, Brent Houser, Brawley Police
3. Honorable Ruth B. Montenegro, Superior Court Judge
4. Mayor, Don Campbell, City of Brawley
5. Imperial County Supervisor, Ryan Kelley

6. Imperial County Supervisor, Michael W. Kelley
7. Imperial County Supervisor, Ray Castillo
8. Imperial County Supervisor, John Renison
9. Imperial County Supervisor, Jesus J. Terrazas
10. Leonard Barra, Imperial Police Administration Sgt.
11. Imperial County Clerk / Recorder, Chuck Story
12. Seeley Union Elementary School Dist., Board of Trustee, Mary C. Locke
13. Seeley Union Elementary School Dist., Board Member, James Garcia
14. Seeley Union Elementary School Dist., Board Member, Elisa Carlos
15. Seeley Union Elementary School Dist., Board Member, Patricia Burton
16. Seeley Union Elementary School Dist., Board Member, Carlos Gomez
17. Mayor of Imperial, Mark T. Gran

Soon we will be added:

1. Soroptimist, Brawley, in February
2. Soroptimist, Holtville
3. Brawley Rotary
4. El Centro Rotary
5. Kiwanis, Brawley, Feb.