

11-9-23

4

Date (Fecha)

Agenda Item #

(Numero de agenda)

~~ELLEN~~ Nash shared Hours

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escriba legible)

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ELLEN

NASH

First Name (Nombre)

Last Name (Apellido)

1229 Watwood R.

Address (Direccion)

SD

CA

92114

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

BAPAC SD

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

I would like to speak as an individual. (Me gustaria comentar como individuo)

I do not need to speak if the item is approved on consent. (No necesito comentar si el articulo es aprobado)

I would like to register my position, but I do not wish to speak. (Me gustaria registrar mi puesto, pero no deseo comentar)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12/9/24

4

Date (Fecha)

Agenda Item #

(Numero de agenda)

Pilot program for Seniors

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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Rachel

Hayes

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

(619) 782-8403

Phone Number (Numero de Telefono)

LEA

Organization or company, if any

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Check one box below (Marque una casilla):

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1/9/23

Date (Fecha)

4

Agenda Item #

(Numero de agenda)

Housing Pilot

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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John

Oradi

First Name (Nombre)

Last Name (Apellido)

3319 New 10 Ave

Address (Direccion)

SD

92115

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1/09/24

Date (Fecha)

04

Agenda Item #

(Numero de agenda)

Pilot shared housing for adults

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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Natalie

Raschke

First Name (Nombre)

Last Name (Apellido)

2533 Northside Dr.

Address (Direccion)

San Diego

CA

92108

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

619 760 4065

Phone Number (Numero de Telefono)

LEA

Organization or company, if any

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1-9-24
Date (Fecha)

04
Agenda Item #
(Numero de agenda)

Shared housing for older adults
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
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Julie
First Name (Nombre)
Porter
Last Name (Apellido)

1490 Hemlock Ave #6
Address (Direccion)

Imperial Beach
City (Ciudad)
CA
State (Estado)
91932
Zip (Codigo Postal)

619.655.9184
Phone Number (Numero de Telefono)

LEA

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1/9/2024
Date (Fecha)

Consent Cal. all
Agenda Item #
(Numero de agenda)

Consent Calendar 1-10, 16
Subject (Titulo de Agenda)

4

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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CONSUELO
First Name (Nombre)

C
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1/9/2024
Date (Fecha)

Consent Cal. 91
Agenda Item # 16
(Numero de agenda)

Consent Calendar #16, 9, 4
Subject (Titulo de Agenda)

4

**REQUEST TO SPEAK
IN OPPOSITION**
of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

ran
out
of green
Speaker
slips

PLEASE PRINT LEGIBLY
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PAUL
First Name (Nombre)

the BOLD
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Speaker

1/9
Date (Fecha)

3-10 § 16 SR201
Consent
Agenda Item #
(Numero de agenda)

Consent
Subject (Titulo de Agenda)

4

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

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Andra
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1/09/24
Date (Fecha)

3 → 8
CONSENT
Agenda Item #
(Numero de agenda)

CONSENT CALENDAR
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Michael
First Name (Nombre)

Brando
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

1/9/24
Date (Fecha)

3-10
Agenda Item #
(Numero de agenda)

4

3-10
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

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Gambler
First Name (Nombre)

Castro
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoken

**Individuals Speaking by
Phone January 9, 2024**

04	APPROVE A PILOT SHARED HOUSING FOR OLDER ADULTS PROGRAM		
	Kathleen	Lippitt	S
	Truth		O
	Levi	Giafaglione	S
	Cynthia	Elkins	O

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition