

02/28/23

Date (Fecha)

5

Agenda Item #  
(Numero de agenda)

Homeless Plan

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)

Information provided on this form is part of the public record.  
(La informacion proporcionada en este formulario es parte del registro publico.)

Katheryn Rhodos

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)

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.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

2/28

Fire 1-1p  
Consent

5

Date (Fecha)

Agenda Item #  
(Numero de agenda)

Consent  
Subject (Titulo de Agenda)

# REQUEST TO SPEAK

## IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escribe legible)

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Audra  
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

2.27.23

Date (Fecha)

1-16

Agenda Item #  
(Numero de agenda)

Maly

Subject (Titulo de Agenda)

5

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

PLEASE PRINT LEGIBLY  
(Por favor escribe legible)

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Mark

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State  
(Estado)

92129

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Spoke

5

2/28/2023  
Date (Fecha)

Consent Cal. 1-18  
Agenda Item #  
(Numero de agenda)

Consent Calendar #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13  
Subject (Titulo de Agenda)

# REQUEST TO SPEAK IN OPPOSITION

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

PLEASE PRINT LEGIBLY  
(Por favor escribe legible)

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CONSUELO  
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)

Check one box below (Marque una casilla):

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

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\_\_\_\_\_

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spolce

2/28/2023  
Date (Fecha)

Consent Cal. 116  
Agenda Item #  
(Numero de agenda)

5

Consent Cal. #4, 5, 6, 9, 10, 11  
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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*(Por favor escribe legible)*

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PAUL  
First Name (Nombre)

HENKIN  
Last Name (Apellido)

Address (Direccion)

BONITA  
City (Ciudad)

CA  
State  
(Estado)

91902  
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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.)*

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

**Individuals Speaking by Phone**

**February 28, 2023**

<b>05</b>	<b>UPDATE THE COUNTY'S HOMELESS ACTION PLAN</b>			
		Mike	Borello	O
		Truth		O
		Jordan	Beane	S
		Kathleen	Lippitt	S

**"S" indicated the speaker is in support**

**"O" indicated the speaker is in opposition**