

12-10-24
Date (Fecha)

1
Agenda Item #
(Numero de agenda)

Transportation

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.)

Julie
First Name (Nombre)

Porter
Last Name (Apellido)

Address (Direccion)
IB
City (Ciudad)

State (Estado)

91932
Zip (Codigo Postal)

Phone Number (Numero de Telefono)
LEA

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

DECEMBER 10 2024
Date (Fecha)

10
Agenda Item #
(Numero de agenda)

Enhancing Alternatives to Incarceration
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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BARBARA
First Name (Nombre)

SVAZO
Last Name (Apellido)

Address (Direccion)
[Redacted]

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)
[Redacted]

JUST IN TIME 4 FOSTER YOUTH
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

12-10-24
Date (Fecha)
CONSENT
Subject (Titulo de Agenda)
-28
Agenda Item #
(Numero de agenda)
39,40
CONSENT

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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BRYANT
First Name (Nombre)
Rumbough
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

12/10/24
Date (Fecha)
CONSENT CALENDAR
Subject (Titulo de Agenda)
ALL CONSENT
Agenda Item #
(Numero de agenda)
1-27,39,40

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

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12-10-24
Date (Fecha)

1-28 Consent
Agenda Item # 39
(Numero de agenda) 40

MARY
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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MARK
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

12/10
Date (Fecha)

1-28 Consent
Fire 39 & 40
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)

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Allegedly
First Name (Nombre)

Audra
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

12/10/24
Date (Fecha)

Consent Calendar
Agenda Item #
(Numero de agenda)

All items
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

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

PLEASE PRINT LEGIBLY
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Consent
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

**Individuals Speaking by
Phone December 10, 2024**

01	ENHANCING ALTERNATIVES TO INCARCERATION			
		Gambler	Hermis	S
		Peggy	Walker	S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition