12/10/24

Date *(Fecha)*

18

Agenda Item #
(Numero de agenda)

~~Item~~ CM FGG

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.)

Claudette

First Name *(Nombre)*

magno

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

[redacted]

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

[redacted]

Phone Number *(Numero de Telefono)*

SEIU 721

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.)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

12/10/24

Date *(Fecha)*

18

Agenda Item #
(Numero de agenda)

Approve Adjustments of Comp

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.)

Crystal

First Name *(Nombre)*

Irving

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

[redacted]

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

[redacted]

Phone Number *(Numero de Telefono)*

SEIU 721

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.)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

12/10/24

Date *(Fecha)*

18

Agenda Item # *(Numero de agenda)*

Approve Adjustment of Compensation

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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Noel

First Name *(Nombre)*

Trejo

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

S.D

City *(Ciudad)*

[redacted]

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

SEIU 221

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

Check one box below *(Marque una casilla)*:

- [x] 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

(Rev. 03/23)

12/10/24

Date *(Fecha)*

18

Agenda Item # *(Numero de agenda)*

Approve Adjustment of Comp.

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.
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Steve

First Name *(Nombre)*

Weiho

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

[redacted]

City *(Ciudad)*

[redacted]

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

SEIU 221

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

Check one box below *(Marque una casilla)*:

- [x] 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.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

12/10/24

Date *(Fecha)*

18

Agenda Item #
(Numero de agenda)

COUNTY COUNSEL

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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ISMAEL

First Name *(Nombre)*

ROBLES

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

SD

City *(Ciudad)*

[redacted]

State *(Estado)*

[redacted]

Zip *(Codigo Postal)*

[redacted]

Phone Number *(Numero de Telefono)*

SEIU LOCAL 221

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

Check one box below ***(Marque una casilla)*:**

- [x] 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.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

12/10/24

Date *(Fecha)*

18

Agenda Item #
(Numero de agenda)

Financial + General Government

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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Teresa

First Name *(Nombre)*

Rogers-Marsh

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

[redacted]

City *(Ciudad)*

[redacted]

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

HHSA - Edgemoor

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.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

12/10/2024

Date *(Fecha)*

3/8

Agenda Item #
(Numero de agenda)

COMPENSATION CLERK OF BOARD PROBATION CHIEF COUNTY COUNSEL

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.)

ROBERT

First Name *(Nombre)*

PITT

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

[redacted]

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

[redacted]

Phone Number *(Numero de Telefono)*

CHILD SUPPORT SERVICES

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

(Rev. 03/23)

12-10-24

Date *(Fecha)*

CONSENT

Agenda Item # *(Numero de agenda)*

CONSENT 1-28

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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BRYANT

First Name *(Nombre)*

Rumbaugh

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)*:**

- [x] 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

(Rev. 03/23)

12/10/24

Date *(Fecha)*

ALL CONSENT

Agenda Item # *(Numero de agenda)*

CONSENT CALENDAR 1-27, 39, 40

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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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)

Check one box below ***(Marque una casilla)*:**

- [x] 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.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

12-10-24

Date *(Fecha)*

1-28 Consent 39 40

Agenda Item # *(Numero de agenda)*

Many

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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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)

Check one box below ***(Marque una casilla)*:**

- [x] 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.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

12/10

Date *(Fecha)*

1-28 Fire 39 & 40 Consent

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)

Information provided on this form is part of the public record.
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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)

Check one box below ***(Marque una casilla)*:**

- [x] 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.)*
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

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
(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)*:**

- [x] 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

(Rev. 03/23)

12/10/24

Date *(Fecha)*

18

Agenda Item # *(Numero de agenda)*

Approve Adjustment of Comp.

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.)

Edgar

First Name *(Nombre)*

Gasaway

Last Name *(Apellido)*

[redacted]

Address *(Direccion)*

[redacted]

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

[redacted]

Phone Number *(Numero de Telefono)*

SEIU 22

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

(Rev. 03/23)

Individuals Speaking by Phone December 10, 2024

18	ALIGN PERFORMANCE EVALUATION DATES FOR THE CLERK OF THE BOARD AND PROBATION CHIEF WITH CHIEF ADMINISTRATIVE OFFICER			
		Gambler	Hermis	S

"S" indicated the speaker is in support

"0" indicated the speaker is in opposition