



PUBLIC TESTIMONY

Regarding the Chief Administrative Officer's Recommended Operational Plan for Fiscal Years 2023-24 and 2024-25

In order for the Board of Supervisors to consider funding a new service or increasing funding for an existing service beyond the level in the CAO's Recommended Operational Plan, a request must be submitted in writing to the Clerk of the Board of Supervisors by the end of the public hearing period. The written request should describe the proposed item to be added and the requested funding level.

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JAMES

First Name (Nombre)

6/15/23
RAMIREZ

Date (Fecha)
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

619-204-2486

Phone Number (Numero de Telefono)

State
(Estado)

Zip (Codigo Postal)

E-mail (Correo Electrónico)

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

Check one box below (Marque una casilla):

☐ I request to speak on Monday, June 12. (Solicito hablar el lunes 12 de junio.)

☒ I request to speak on Thursday, June 15. (Solicito hablar el jueves 15 de junio.)

☐ I would like to submit written comments, but I do not wish to speak.
(Me gustaría enviar comentarios por escrito, pero no deseo hablar.)

TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

MEDICAL EXAMINERS OFFICE

COMMENTS:
(COMENTARIOS)

TWO INVESTIGATORS ADDED
TO BUDGET

5,400

COMMENTS (continued):
(COMENTARIOS (CONTINUADO)):



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06/15/2023

Date (Fecha)

Kathy

First Name (Nombre)

ON

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

K4TON4@gmail.com

E-mail (Correo Electrónico)

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

Medical Examiner's Office

COMMENTS:
(COMENTARIOS)

Spoke

Blank lined paper with a vertical margin line on the left side.



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06-15-23

Date (Fecha)

JERRY

First Name (Nombre)

HALL

Last Name (Apellido)

815 E ST #121694

Address (Direccion)

SAN DIEGO

City (Ciudad)

858 344 1104

Phone Number (Numero de Telefono)

JERRY @ BHABREHAB.COM

E-mail (Correo Electrónico)

BHABREHAB

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

HNSA BUDGET

COMMENTS:
(COMENTARIOS)

Spolce

COMMENTS (continued):
(COMENTARIOS (CONTINUADO)):



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JUNE 15, 2023

Date (Fecha)

JONATHAN

First Name (Nombre)

LEPULE

Last Name (Apellido)

1804 SCARLET PLACE

Address (Direccion)

CHULA VISTA

City (Ciudad)

CA

State
(Estado)

91915

Zip (Codigo Postal)

(619) 886-5688

Phone Number (Numero de Telefono)

tana.lepule@gmail.com

E-mail (Correo Electrónico)

PACIFIC ISLANDER COLLECTIVE SAN DIEGO

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

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(Me gustaría enviar comentarios por escrito, pero no deseo hablar.)

TOPIC (County Group, Department, Program or Services):

(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

PRODUCE PRESCRIPTION / MAS FRESCAS

COMMENTS:

(COMENTARIOS)

Spoke

COMMENTS (continued):
(COMENTARIOS (CONTINUADO)):

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6.15.23
Date (Fecha)

Courtney
First Name (Nombre)

Baltiysky
Last Name (Apellido)

1460 Caminito Sicilia
Address (Direccion)

Chula Vista
City (Ciudad)

CA
State (Estado)

91915
Zip (Codigo Postal)

619-385-0460
Phone Number (Numero de Telefono)

cbaltiysky@ymcasd.org
E-mail (Correo Electronico)

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

County Budget

COMMENTS:
(COMENTARIOS)

Spoke

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PUBLIC TESTIMONY

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6/15/23
Date (Fecha)

Kim
First Name (Nombre)

McDougal
Last Name (Apellido)

2039 Glasgow Ave
Address (Direccion)

Cardiff
City (Ciudad)

CA 92007
State (Estado) Zip (Codigo Postal)

7604452078
Phone Number (Numero de Telefono)

kimcdougal@ymcasd.org
E-mail (Correo Electrónico)

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

child care budget.

COMMENTS:
(COMENTARIOS)

Spoke



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3.15.23

Date (Fecha)

Jessie

First Name (Nombre)

Dolan

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

E-mail (Correo Electrónico)

Early Educator

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

County Budget

COMMENTS:
(COMENTARIOS)

Spoke

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



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6/15/2023
Date (Fecha)

Truth
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

E-mail (Correo Electrónico)

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

Budget

COMMENTS:
(COMENTARIOS)

Spoke

COMMENTS (continued):
(COMENTARIOS (CONTINUADO)):

07/12/2013

Hurt

Budget



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6-15-23

Ellen

Nash

First Name (Nombre)

Last Name (Apellido)

1229 Watwood Rd.

Address (Direccion)

S.D.

Ca

92114

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

619 665-3878

Phone Number (Numero de Telefono)

ellen@nashemail.com

E-mail (Correo Electronico)

BAPAC SD

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

Budget considerations

COMMENTS:
(COMENTARIOS)

Spoke

COMMENTS (continued):
(COMENTARIOS (CONTINUADO)):

Blank lined area for handwritten comments.



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06/15/2023

Date (Fecha)

First Name (Nombre) Selene Last Name (Apellido) Gomaler

Address (Direccion) 3140 Macaulay St

City (Ciudad) San Diego CA State CA Zip (Codigo Postal) 92106

Phone Number (Numero de Telefono) 619 480-9682

E-mail (Correo Electronico) Selene.gz.v@gmail.com

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

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TOPIC (County Group, Department, Program or Services):
(TEMA (Grupo del Condado, Departamento, Programa o Servicios):

Staffing Crisis Retention

COMMENTS:
(COMENTARIOS)

spoke

Individuals Speaking by Phone
June 15, 2023

01	THURSDAY, JUNE 15, 2023: BUDGET HEARING		THURSDAY JUNE 15, 2023
		Blair	Beekman
	SPANISH	Estela	Chamu
		Anne	Elliott
		Karen	Fierro
		Gianna	Giacalone
		Felicia	Gomez
		Mayra	Hayden
		Erin	Hogeboom
		Richard	Lambert
	SPANISH	Maria	Lopez
	SPANISH	Leticia	Lopez
		Audra	M
		Neda	Naghieh
		Dominique	Norton
		Courtney	Norton
		Annie	Norton
		Joyce	Nygaard
		Katheryn	Rhodes
		Dawn	Rosen

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition