

10/19/2021 15
Date (Fecha) Agenda Item #
Compassionate Emergency Solutions
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.)

KAY LeMenger
First Name (Nombre) Last Name (Apellido)
1488 GUSTAVO ST.
Address (Direccion)
EL CAJON
City (Ciudad)
619-871-6084
Phone Number (Numero de Telefono)
Zip (Codigo Postal)

EAST COUNTY HOMELESS TASK FORCE
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)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/19/21 15
Date (Fecha) Agenda Item #
East County Homeless Solutions
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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Zack Schlager
First Name (Nombre) Last Name (Apellido)
6630 Bonenburg Drive
Address (Direccion)
San Diego CA 92117
City (Ciudad) State (Estado) Zip (Codigo Postal)
619-709-4677
Phone Number (Numero de Telefono)

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

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Date (Fecha) Oct 19, 2021 Agenda Item # 15
Subject (Título de Agenda) Agenda Item 15 Homeless Issues

REQUEST TO SPEAK IN FAVOR

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

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First Name (Nombre) JUDITH Last Name (Apellido) SCHULTZ
Address (Dirección) 13643 Cuesta del Sol
City (Ciudad) Lakeville State CA Zip (Codigo Postal) 92040
Phone Number (Numero de Telefono) (619) 368-4624

Organization or company, if any Hope for the Homeless
(Organización o empresa a la que representa, si corresponde) Lakeville

Check one box below (Marque una casilla):

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Spoke

Date (Fecha) 10/19/2021 Agenda Item # 15
Subject (Título de Agenda) COMPASSIONATE EMERGENCY SOLUTIONS

REQUEST TO SPEAK IN FAVOR

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

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First Name (Nombre) BONNIE Last Name (Apellido) BARNOFF
Address (Dirección) 4722 HILLCREST AVE
City (Ciudad) LA MESA State CA Zip (Codigo Postal) 91941
Phone Number (Numero de Telefono) 619 933-7845

Organization or company, if any EAST COUNTY HOMELESS TASK FORCE
(Organización o empresa a la que representa, si corresponde)

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Spoke

Oct 19 2021
Date (Fecha)
HOMELINESS
Subject (Titulo de Agenda)

Agenda Item #
(Numero de agenda)

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

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AAV
First Name (Nombre)
CURRY
Last Name (Apellido)

Address (Direccion)

City (Ciudad)
State (Estado)
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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10/19
Date (Fecha)
homelessness
Subject (Titulo de Agenda)

Agenda Item #
(Numero de agenda)

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

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Adrian Kuytonite
First Name (Nombre)
Blanco
Last Name (Apellido)

Address (Direccion)

City (Ciudad)
State (Estado)
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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Spoke

15	PATHWAYS TO HOUSING FOR HOMELESSNESS				
		Teresa		Smith	S
		Chris		Olsen	S
		Christina		Selder	S
		Susan		Bower	S
		Zachary		Schlager	S