

①

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada— Solicitud para comentar)

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.)

1/10/2023
Date (Fecha)

HEALTH
Subject (Titulo de Agenda)

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 you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

②

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada— Solicitud para comentar)

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.)

Jan 10 2023
Date (Fecha)

Mary
Subject (Titulo de Agenda)

Mark
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

92109
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

3

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada- Solicitud para comentar)

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.)

Jan. 10, 2023

Date (Fecha)

Health

Subject (Titulo de Agenda)

Kathleen Melonakis

First Name (Nombre)

Last Name (Apellido)

3276 Ryan Drive

Address (Direccion)

Escondido

City (Ciudad)

CA

State
(Estado)

Zip (Codigo Postal)

760-553-5404

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

4

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada - Solicitud para comentar)

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.)

1/10/2023

Date (Fecha)

EMERGENCY?

Subject (Titulo de Agenda)

Mike

First Name (Nombre)

Borrello

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

5

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1-10-22
Date (Fecha)

Subject (Título de Agenda)

BRYANT Rumbough
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

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

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

7

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23
Date (Fecha)

Subject (Título de Agenda)

Make the County Work for All
Nathan Wollmann
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

4615 Pico St.
San Diego CA 92109
City (Ciudad) State (Estado) Zip (Codigo Postal)

858-472-2342
Phone Number (Numero de Telefono)

SEIU 221
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1-11-23

Date (Fecha)

Make the County work

Subject (Titulo de Agenda)

Tim Maccede

First Name (Nombre)

Last Name (Apellido)

1039 Camino Miel

Address (Direccion)

Chula Vista

City (Ciudad)

CA

State
(Estado)

920

Zip (Codigo Postal)

619-621-7688

Phone Number (Numero de Telefono)

SEIU

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

9

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

Make the County work

Subject (Titulo de Agenda)

Lisa

First Name (Nombre)

Rhonne

Last Name (Apellido)

2035 S. Escondido Blvd #116

Address (Direccion)

Escondido

City (Ciudad)

CA

State
(Estado)

92025

Zip (Codigo Postal)

760-521-7710

Phone Number (Numero de Telefono)

SEIU/County

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

IHSS SERVICES

Subject (Titulo de Agenda)

DAVID

First Name (Nombre)

HASKINS

Last Name (Apellido)

4946 Auburn Drive #5

Address (Direccion)

San Diego

City (Ciudad)

CA

State
(Estado)

92105

Zip (Codigo Postal)

619-913-0399

Phone Number (Numero de Telefono)

IHSS

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

11

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

IHSS SERVICES

Subject (Titulo de Agenda)

ESTHELA

First Name (Nombre)

GARZA

Last Name (Apellido)

1250 SANTA CORA AVE

Address (Direccion)

CHULA VISTA

City (Ciudad)

CA

State
(Estado)

91913

Zip (Codigo Postal)

619 710-5813

Phone Number (Numero de Telefono)

IHSS

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23
Date (Fecha)
Accountability & Sanctity of Human Life
Subject (Titulo de Agenda)
Oliver Twist
First Name (Nombre)
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

13

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

01/10/2023
Date (Fecha)
Homeless
Subject (Titulo de Agenda)
Katherine Rhodos
First Name (Nombre)
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

14

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada- Solicitud para comentar)

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.)

1/10/2023

Date (Fecha)

non-agenda

Subject (Titulo de Agenda)

PAUL

First Name (Nombre)

HENKIN

Last Name (Apellido)

Address (Direccion)

BONITA

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

15

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada- Solicitud para comentar)

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.)

1/10/2023

Date (Fecha)

non-agenda

Subject (Titulo de Agenda)

CONSUELO

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

17

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

IHSS SERVICES

Subject (Titulo de Agenda)

OSCAR

First Name (Nombre)

FLORES

Last Name (Apellido)

288 ROANOKE RD

Address (Direccion)

EL CAJON

City (Ciudad)

CA

State
(Estado)

92020

Zip (Codigo Postal)

760 655 2455

Phone Number (Numero de Telefono)

IHSS

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

18

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

County of San Diego Public Defender Lawsuit.

Subject (Titulo de Agenda)

Anabel

First Name (Nombre)

Arauz

Last Name (Apellido)

150 3rd Ave. #5908

Address (Direccion)

Chula Vista

City (Ciudad)

CA

State
(Estado)

91910

Zip (Codigo Postal)

619-348-7510

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

19

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

non agenda item

Subject (Titulo de Agenda)

Semilla

First Name (Nombre)

Marquez

Last Name (Apellido)

2214 Julian Ave

Address (Direccion)

San Diego

City (Ciudad)

CA

State
(Estado)

92113

Zip (Codigo Postal)

619 678 3737

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

20

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23

Date (Fecha)

Non Agenda - Reynoso v. County

Subject (Titulo de Agenda)

Bobby

First Name (Nombre)

CASE

Last Name (Apellido)

2712 Loker Ave West, #1054

Address (Direccion)

Carlsbad

City (Ciudad)

CA

State
(Estado)

92010

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

16

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23
Date (Fecha)

Potato Chips
Subject (Titulo de Agenda)

Audra
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

23

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23
Date (Fecha)

No-ag covid
Subject (Titulo de Agenda)

Pam
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

SD
City (Ciudad)

CA
State
(Estado)

92124
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

N/A
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(27)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23
Date (Fecha)

Non agenda
Subject (Titulo de Agenda)

Veronica
First Name (Nombre)

Luna
Last Name (Apellido)

332 San Alberto Way
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92114
Zip (Codigo Postal)

619 245-1374
Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(28)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

1/10/23
Date (Fecha)

NON AGENDA
Subject (Titulo de Agenda)

JANICE
First Name (Nombre)

LUNA REYNOSO
Last Name (Apellido)

210 NORTH Q AVE
Address (Direccion)

NATIONAL CITY
City (Ciudad)

CA
State (Estado)

91950
Zip (Codigo Postal)

619-988-4392
Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

6

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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.)

Date (Fecha)

Subject (Titulo de Agenda)

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

**State
(Estado)**

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Individuals Speaking by Phone

January 10, 2023

	Non-Agenda Public Comment			
		Marisa	Bell	S
		Alan	Curry	O
		Zachary	Davina	S
		Barbara	Gordon	S
		Diane	Grace	S
		Jacqueline	Luna Reynoso	O
		Kelly	McComick	S
		Becky	Rapp	S
		Ann	Riddle	S
		Terri-Ann	Skelly	O
		Mark	Wilcox	O
		Marion	Wilson	O

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition