

12/11/2024

Date (Fecha)

11

Agenda Item #
(Numero de agenda)

Food Justice Community Plan
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

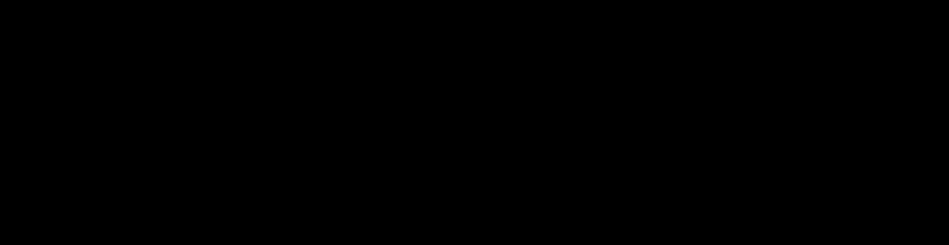
of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

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.)

Alondra
First Name (Nombre)

Alvarado
Last Name (Apellido)



Phone Number (Numero de Telefono)

San Diego Hunger Coalition
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

12/11/24

Date (Fecha)

11

Agenda Item #
(Numero de agenda)

Food Justice Action Plan
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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Samuel
First Name (Nombre)

Duke
Last Name (Apellido)



Phone Number (Numero de Telefono)

Feeding San Diego
Organization or company, if any

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

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Spoke

11 Dec 24
Date (Fecha)

11
Agenda Item #
(Numero de agenda)

Food Justice
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

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

PLEASE PRINT LEGIBLY
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CESTAR
First Name (Nombre)

SKUIER
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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Spoke

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Date (Fecha)

11
Agenda Item #
(Numero de agenda)

Food Justice Community
Action Plan
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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Consuelo
First Name (Nombre)

Martinez
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

San Diego Food System Alliance
Organization or company, if any

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

Check one box below (Marque una casilla):

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(No necesito comentar si el articulo es aprobado.)
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

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Spoke

**Individuals Speaking by Phone
December 11, 2024**

11	RECEIVE THE FOOD JUSTICE COMMUNITY ACTION PLAN, DIRECT FISCAL ANALYSIS OF SELECT ACTIONS, AND RELATED CEQA EXEMPTION			
		Consuelo		O
		Paul	TheBold	O
		Gambler	Hermis	S
		Audra		O

**“S” indicated the speaker is in support
“O” indicated the speaker is in opposition**