

12/10/2024
Date (Fecha)

13
Agenda Item #
(Numero de agenda)

HHAP- Homelessness
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.)

Jennifer
First Name (Nombre)

Telitz
Last Name (Apellido)

Address (Direccion)

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

Phone Number (Numero de Telefono)
Just in Time for Foster Youth
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.)

Spone

12-10-24

CONSENT

Date (Fecha)

Agenda Item #
(Numero de agenda)

CONSENT

1-28
~~38~~

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

Rumburg

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)


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(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 

12/10/24

ALL CONSENT

Date (Fecha)

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

Brando

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)

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(No necesito comentar si el articulo es aprobado.)

I would like to register my position, but I do not wish to speak.
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12-10-24
Date (Fecha)

1-23 Consent
Agenda Item # 39
(Numero de agenda) 40

MARY
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):

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12/10
Date (Fecha)

1-28 Consent
Fire
39 & 40
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):

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

12/19/24
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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Consent
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)

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- 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

**Individuals Speaking by
Phone December 10, 2024**

13	AUTHORIZE ACCEPTANCE OF HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM			
		Paul	The bold	S
		Gambler	Hermis	S
		Ann	Riddle	S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition