4/9/24

Date *(Fecha)*

5 & 26

Agenda Item # *(Numero de agenda)*

Support for Supportive housing

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)

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Chris

First Name *(Nombre)*

Shilling

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

City of Carlsbad

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)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

4/9/24

Date *(Fecha)*

5

Agenda Item # *(Numero de agenda)*

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)

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Rachel

First Name *(Nombre)*

Hayes

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

LEA

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

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Spoke

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(Rev. 03/23)

4-9-24
Date *(Fecha)*

5
Agenda Item # *(Numero de agenda)*

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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(Por favor escriba legible)

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Julie
First Name *(Nombre)*

Porter
Last Name *(Apellido)*

Address *(Direccion)*

Imperial Beach
City *(Ciudad)*

State *(Estado)*

91932
Zip *(Codigo Postal)*

6196559184
Phone Number *(Numero de Telefono)*

Lived Experience Advisors
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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

4-9-2024
Date *(Fecha)*

5
Agenda Item # *(Numero de agenda)*

Pilot Program MHSA
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)

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John
First Name *(Nombre)*

Seymour
Last Name *(Apellido)*

4322 Piedmont Dr.
Address *(Direccion)*

S.D.
City *(Ciudad)*

CA
State *(Estado)*

92107
Zip *(Codigo Postal)*

National CORE
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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

4-9-24

Date *(Fecha)*

5

Agenda Item # *(Numero de agenda)*

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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(Por favor escriba legible)

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Richard

First Name *(Nombre)*

Sieba

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

LEA

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

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(Rev. 03/23)

5

Agenda Item # *(Numero de agenda)*

Date *(Fecha)*

IHSM Pilot Program MHSA

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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Stephanie

First Name *(Nombre)*

De La Torre

Last Name *(Apellido)*

3796 Alabama St.

Address *(Direccion)*

SD

City *(Ciudad)*

CA

State *(Estado)*

92104

Zip *(Codigo Postal)*

(562) 661-0579

Phone Number *(Numero de Telefono)*

Hope through Housing

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)*

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Spoke

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(Rev. 03/23)

4/9/2024
Date *(Fecha)*

5, 6, 7, 9, 10, 12, 15
Agenda Item # *(Numero de agenda)*

Consent Calendar items 5, 7, 9, 10, 12, 6, 15, FP01
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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PAUL
First Name *(Nombre)*

the BOLD
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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Spoke

(Rev. 03/23)

4/9/2024
Date *(Fecha)*

Consent 1, 5, 9
Agenda Item # *(Numero de agenda)*

Consent Calendar #'s 1, 5, 9
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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PAUL
First Name *(Nombre)*

the BOLD
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

4-9-24 Consent 1-17

Date *(Fecha)* Agenda Item # *(Numero de agenda)*

Many

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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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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Spoke

(Rev. 03/23)

4/9/24 Agenda Item #

Date *(Fecha)* *(Numero de agenda)*

Consent Calendar

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Consuelo

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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Spoke

(Rev. 03/23)

Individuals Speaking by Phone
April 9, 2024

26 & 5 ✓	**Item 5. PILOT PROGRAM TO ENHANCE SUPPORT TO PEOPLE WITH SERIOUS MENTAL ILLNESS; Item 26. SUPPORTING SAFETY AND SECURITY AT WINDSOR POINTE & FUTURE PROJECTS**			
		Truth		S
		Jimmy	Silverwood	S

"S" indicated the speaker is in support
"O" indicated the speaker is in opposition