(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.
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1/10/2023
Date *(Fecha)*

HEALTH
Subject *(Titulo de Agenda)*

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 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)

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(Por favor escriba legible)

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Jan 10 2023
Date *(Fecha)*

Many
Subject *(Titulo de Agenda)*

Mark
First Name *(Nombre)* **Last Name** *(Apellido)*

Address *(Direccion)*

92104
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

3

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

PLEASE PRINT LEGIBLY
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Jan. 10, 2023
Date *(Fecha)*

Health
Subject *(Titulo de Agenda)*

Kathleen Melonakos
First Name *(Nombre)* **Last Name** *(Apellido)*

2?? Ryan Drive
Address *(Direccion)*

Escondido | CA
City *(Ciudad)* **State** *(Estado)* **Zip** *(Codigo Postal)*

7??-???-5444
Phone Number *(Numero de Telefono)*

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

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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.
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1/10/20~~22~~23
Date *(Fecha)*

¿EMERGENCY?
Subject *(Titulo de Agenda)*

Mike | Borrello
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

5

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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1-10-22
Date *(Fecha)*

Subject *(Titulo de Agenda)*

BRYANT
First Name *(Nombre)*

Rumbaugh
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
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1/10/23
Date *(Fecha)*

Make the County Work For All
Subject *(Titulo de Agenda)*

Nathan
First Name *(Nombre)*

Wollmann
Last Name *(Apellido)*

4615 Pico St.
Address *(Direccion)*

San Dieg
City *(Ciudad)*

CA
State *(Estado)*

92109
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
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1-11-23
Date *(Fecha)*

Make the County work
Subject *(Titulo de Agenda)*

Tim Macedo
First Name *(Nombre)*

Last Name *(Apellido)*

1039 Camino Miel
Address *(Direccion)*

Chula Vista
City *(Ciudad)*

CA
State *(Estado)*

91910
Zip *(Codigo Postal)*

619-621-7820
Phone Number *(Numero de Telefono)*

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

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Spoke

9

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

PLEASE PRINT LEGIBLY
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1/10/23
Date *(Fecha)*

Make the County Work
Subject *(Titulo de Agenda)*

Lisa
First Name *(Nombre)*

Rhone
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
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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)

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Spoke

11

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

PLEASE PRINT LEGIBLY
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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)

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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)

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01/10/2023
Date *(Fecha)*

Homeless
Subject *(Titulo de Agenda)*

Katheryn Rhodes
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)

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Spoke

(14)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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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)

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Spoke

(15)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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11/10/2023
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)

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Spoke

17

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

PLEASE PRINT LEGIBLY
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Information provided on this form is part of the public record.
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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)

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Spoke

18

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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Information provided on this form is part of the public record.
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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)

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Spoke

19

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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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 3137
Phone Number *(Numero de Telefono)*

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

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Spoke

20

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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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)

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Spoke

16

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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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
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1/10/23
Date *(Fecha)*

~~No-AA~~ 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)

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Spoke

(21)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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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)*

92154
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

(22)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

PLEASE PRINT LEGIBLY
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1/10/23
Date *(Fecha)*

NON AGENDA
Subject *(Titulo de Agenda)*

JANICE
First Name *(Nombre)*

LUNA REYNOSO
Last Name *(Apellido)*

210 NORTH D 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)

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11/8/22
Date *(Fecha)*

Health
Subject *(Titulo de Agenda)*

Gary
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)

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(Rev. 10/16)

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

"0" indicated the speaker is in opposition