8/31/21

**Date** *(Fecha)*

9

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

Approval of Amendments to DDAs

**Subject** *(Titulo de Agenda)* Aff. Housing. 5255 Mt. Etna Drive

# 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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Nathan

**First Name** *(Nombre)*

Schmid

**Last Name** *(Apellido)*

2400 Fenton St. #206

**Address** *(Direccion)*

Chula Vista

**City** *(Ciudad)*

CA

**State** *(Estado)*

91914

**Zip** *(Codigo Postal)*

(858) 922-8850

**Phone Number** *(Numero de Telefono)*

SCHC, Representing Chelsea

**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.)*

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*(Solicito comentar como parte de una presentacion organizada.)*
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*PLEASE SEE REVERSE FOR SPEAKER'S GUIDE*

(Rev. 10/16)

8/31/21

**Date** *(Fecha)*

#9

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

Approval of Amendments to PDA's

**Subject** *(Titulo de Agenda)* Affordable Housing - 5255 Mt. Etna Drive

# 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)*

Dawney

**Last Name** *(Apellido)*

525 14th St. Suite 200

**Address** *(Direccion)*

San Diego

**City** *(Ciudad)*

CA

**State** *(Estado)*

92101

**Zip** *(Codigo Postal)*

619-235-6572

**Phone Number** *(Numero de Telefono)*

Serving Seniors

**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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(Rev. 10/16)

8/31/2021

Date *(Fecha)*

#9

Agenda Item # *(Numero de agenda)*

Approval of amendments to DDAs — Affordable Housing 5255 Mt Etna Dr.

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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Heide — First Name *(Nombre)*

Mather — Last Name *(Apellido)*

6339 Paseo del Lago

Address *(Direccion)*

Carlsbad — City *(Ciudad)*

CA — State *(Estado)*

92011 — Zip *(Codigo Postal)*

619-246-5336

Phone Number *(Numero de Telefono)*

Representing Chelsea

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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(Rev 10/16)

8/31/21

Date *(Fecha)*

9

Agenda Item # *(Numero de agenda)*

Approval of Amendments to DDAS

Subject *(Titulo de Agenda)* Aff. Housing. 5255 Mt. Etna Drive

# REQUEST TO SPEAK IN FAVOR

**of the RECOMMENDATION(S)**

***(Solicitud para comentar a favor de las recomendaciones)***

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James — First Name *(Nombre)*

Schmid — Last Name *(Apellido)*

6339 Paseo del Lago

Address *(Direccion)*

Carlsbad — City *(Ciudad)*

CA — State *(Estado)*

92011 — Zip *(Codigo Postal)*

(858) 204-5792

Phone Number *(Numero de Telefono)*

Representing Chelsea

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

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(Rev 10/16)

8/31/21 — Date (Fecha)

#9 — Agenda Item # (Numero de agenda)

General Services - DDA 1501/1555 6th Ave — 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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Aria — First Name (Nombre)

Founaki — Last Name (Apellido)

3747 32nd St #5 — Address (Direccion)

San Diego — City (Ciudad)

CA — State (Estado)

92104 — Zip (Codigo Postal)

847 707 8135 — Phone Number (Numero de Telefono)

BRIDGE Housing — 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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I'm available

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(Rev. 10/16)

8/31/21 — Date (Fecha)

9 — Agenda Item # (Numero de agenda)

Ground lease for affordable housing — 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 ~~Daunek~~ — First Name (Nombre)

Downey — Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

Chelsea Development — 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

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(Rev. 10/16)

8/31/21
**Date** *(Fecha)*

9
**Agenda Item #** *(Numero de agenda)*

Ground lease for affordable Housing
**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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Jim
**First Name** *(Nombre)*

Schmid
**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

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(Rev. 10/16)

8-31-21
**Date** *(Fecha)*

9
**Agenda Item #** *(Numero de agenda)*

Deposition & Development Agreements
**Subject** *(Titulo de Agenda)*


# REQUEST TO SPEAK IN FAVOR

## of the RECOMMENDATION(S)

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Heidi
**First Name** *(Nombre)*

Mather
**Last Name** *(Apellido)*

**Address** *(Direccion)*

**City** *(Ciudad)*

**State** *(Estado)*

**Zip** *(Codigo Postal)*

**Phone Number** *(Numero de Telefono)*

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


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Spoke

8-31-2021
Date *(Fecha)*

#9
Agenda Item # *(Numero de agenda)*

Levant Street Seniors Ground Lease Agreement
Subject *(Titulo de Agenda)*

# REQUEST TO SPEAK IN FAVOR

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Julie
**First Name** *(Nombre)*

Hattler
**Last Name** *(Apellido)*

12703 Footman CT
**Address** *(Direccion)*

Poway
**City** *(Ciudad)*

Ca
**State** *(Estado)*

92064
**Zip** *(Codigo Postal)*

858-354-0552
**Phone Number** *(Numero de Telefono)*

Wakeland Housing and Development Corp.
**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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