Sept. 15th, 2021
Date *(Fecha)*

2
Agenda Item #
(Numero de agenda)

MERKO
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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Alejandra — First Name *(Nombre)*
Cordero — Last Name *(Apellido)*

2823 Savannah ct
Address *(Direccion)*

Chula Vista — City *(Ciudad)*
CA — State *(Estado)*
91914 — Zip *(Codigo Postal)*

619.616.4001
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)*:

☐ 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.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev 10/16)

9/15/2021
Date *(Fecha)*

#2
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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Henri — First Name *(Nombre)*
Jourdain — Last Name *(Apellido)*

2719 E St.
Address *(Direccion)*

San Diego — City *(Ciudad)*
CA — State *(Estado)*
92102 — Zip *(Codigo Postal)*

619-302-1098
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)*:

☐ 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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

9/15/2021
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

MEHKOs
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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Noemi
First Name *(Nombre)*

Abrego
Last Name *(Apellido)*

N/A
Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

91915
Zip *(Codigo Postal)*

8581388148
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)*:

- [x] 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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Spoke

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(Rev 10/16)

9/15/2021
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

MEHKOs
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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Khushi
First Name *(Nombre)*

Desai
Last Name *(Apellido)*

Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92101
Zip *(Codigo Postal)*

248 420 5191
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)*:

- [ ] 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.)*
- [x] I would like to register my position, but I do not wish to speak. *(Me gustaria registrar mi puesto, pero no deseo comentar.)*

Legalize MEHKOs!

- [ ] I request to speak as part of an organized presentation. *(Solicito comentar como parte de una presentacion organizada.)*

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/15/21
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

MEHKOS
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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Halima ~~Baker~~ Parker
First Name *(Nombre)* Last Name *(Apellido)*

751 Macadamia Dr
Address *(Direccion)*

Carlsbad CA 92110
City *(Ciudad)* State *(Estado)* Zip *(Codigo Postal)*

619 802-9860
Phone Number *(Numero de Telefono)*

Access Micointerpose Program
non-profit
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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9/15/21
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

MEHKOS
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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nayeli Gutierrez
First Name *(Nombre)* Last Name *(Apellido)*

4064 Hilltop Dr
Address *(Direccion)*

San Diego CA 92102
City *(Ciudad)* State *(Estado)* Zip *(Codigo Postal)*

760 678 8695
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)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

9/15/2021
Date (Fecha)

#2
Agenda Item # (Numero de agenda)

HOMEMADE FOOD OPERATIONS ACT MEHKO
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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RYAN
First Name (Nombre)

RIZZUTO
Last Name (Apellido)

2799 HEALTH CENTER DRIVE
Address (Direccion)

SAN DIEGO
City (Ciudad)

CA
State (Estado)

92123
Zip (Codigo Postal)

856.912.8710
Phone Number (Numero de Telefono)

KITCHENS FOR GOOD
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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9-15-21
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2
Agenda Item # (Numero de agenda)

MEHKO
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

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(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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David
First Name (Nombre)

Sims
Last Name (Apellido)

8906 Hammond Dr
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92123
Zip (Codigo Postal)

619-818-2659
Phone Number (Numero de Telefono)

Warung Pierie
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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Date (Fecha)

2
Agenda Item # (Numero de agenda)

MEHKOS
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

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(Solicitud para comentar a favor de las recomendaciones)

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Diana — First Name (Nombre)

Tapia — Last Name (Apellido)

2391 Eastridge Loop
Address (Direccion)

Chula Vista — City (Ciudad)

CA — State (Estado)

91915 — Zip (Codigo Postal)

619 · 250 · 4701
Phone Number (Numero de Telefono)

Tres Fuegos Cocina
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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MEHKOS
Subject (Titulo de Agenda)

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(Solicitud para comentar a favor de las recomendaciones)

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Antonio — First Name (Nombre)

Kavelidjian — Last Name (Apellido)

Address (Direccion)

Chula Vista — City (Ciudad)

CA — State (Estado)

91915 — Zip (Codigo Postal)

619-250-4698
Phone Number (Numero de Telefono)

JBES FUEGOS COCINA
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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9/15/21
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

MEHKO's
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

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Alexis
First Name *(Nombre)*

Villanueva
Last Name *(Apellido)*

Address *(Direccion)*

San Diego
City *(Ciudad)*

CA.
State *(Estado)*

92115
Zip *(Codigo Postal)*

(619) 721-6363
Phone Number *(Numero de Telefono)*

City Heights CDC
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

09/15/21
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

MEHKO
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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Katia
First Name *(Nombre)*

Callahan
Last Name *(Apellido)*

2001 Lakeridge Circle
Address *(Direccion)*

Chula Vista
City *(Ciudad)*

CA
State *(Estado)*

91913
Zip *(Codigo Postal)*

510-362170
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

9/15/2021
Date (Fecha)

#2
Agenda Item # (Numero de agenda)

Authorizing Microenterprise Home Kitchen Operations in San Diego County.
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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Erin
First Name (Nombre)

Funderburk
Last Name (Apellido)

5067 Hawley Blvd.
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92116
Zip (Codigo Postal)

619 880-2525
Phone Number (Numero de Telefono)

San Diego Volunteer Lawyer Program
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

Sept 15 2021
Date (Fecha)

2
Agenda Item # (Numero de agenda)

item 2 Kitchen
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)

Alvarado
Last Name (Apellido)

2215 Logan Ave
Address (Direccion)

San Diego
City (Ciudad)

Ca
State (Estado)

92113
Zip (Codigo Postal)

619 857 6164
Phone Number (Numero de Telefono)

Good Neighbor Project SD
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.
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Spoke

Date (Fecha)

#2
Agenda Item # (Numero de agenda)

AUTHORIZING MICROENTERPRISE
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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Carolina
First Name (Nombre)

FESTO
Last Name (Apellido)

4834 University AVE
Address (Direccion)

SD
City (Ciudad)

CA
State (Estado)

92105
Zip (Codigo Postal)

619 348 4120
Phone Number (Numero de Telefono)

Somali family service
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.
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Spoke

9/15/21
Date (Fecha)

2
Agenda Item # (Numero de agenda)

Home Kitchen Operations
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

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(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
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Roya
First Name (Nombre)

Bagheri
Last Name (Apellido)

1240 India St, #2401
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92101
Zip (Codigo Postal)

858-525-5391
Phone Number (Numero de Telefono)

Foodnome
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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9/15/21
Date *(Fecha)*

2
Agenda Item # *(Numero de agenda)*

METHKO
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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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)*

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

Spoke

9/15/21
Date *(Fecha)*

#2
Agenda Item # *(Numero de agenda)*

Authorizing Microenterprise Home Kitchen Operations in San Diego County
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.)

Karen
First Name *(Nombre)*

Melvin
Last Name *(Apellido)*

8388 Hudson Dr.
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92119
Zip *(Codigo Postal)*

(619) 818-7046
Phone Number *(Numero de Telefono)*

San Diego METHKO 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)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

2	AUTHORIZING MICROENTERPRISE HOME KITCHEN OPERATIONS SDC			
		Ricardo	Flores	S
		Jessica	Clabaugh	S
		Summer	Bales	S
		Peter	Ruddock	S
		Lauren	Wolfer	S
		Elizabeth	Scott	S
		Leah	Watters	O