10/19/21

Date *(Fecha)*

#3

Agenda Item # *(Numero de agenda)*

#3 Prisoners

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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Cindy

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)*:

☒ 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.
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19/21

Date *(Fecha)*

2ND Hand

3

Agenda Item # *(Numero de agenda)*

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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JASON

First Name *(Nombre)*

ROBO

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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10/19
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Lessons Learned
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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(Por favor escribe legible)

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~~Nathan~~ Kryptonite ~~Richards~~
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

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Oct 19 2021
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

COVID INOCCRATON
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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AYAN CURRY
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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10/19/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

AGENDA #3 DATA-DRIVEN
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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MICHAEL
First Name (Nombre)

BRANDO
Last Name (Apellido)

Address (Direccion)

ENCINITAS
City (Ciudad)

CA
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

10-19-21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

ALTERNATIVES TO INCARCERATION
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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Aaron
First Name (Nombre)

Wooten
Last Name (Apellido)

2090 Via las Cumbres
Address (Direccion)

S.D
City (Ciudad)

Ca
State (Estado)

9211
Zip (Codigo Postal)

(619) 261-1542
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

10/19/21
Date (Fecha)

#3
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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Daphyna Watsa
First Name (Nombre) Last Name (Apellido)

4069 30th Street
Address (Direccion)

San Diego CA 92104
City (Ciudad) State (Estado) Zip (Codigo Postal)

(619) 543-0412
Phone Number (Numero de Telefono)

Mental Health America
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

10/19/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Protecting Public Safety
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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Jomama
First Name (Nombre) Last Name (Apellido)

nunya biz
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

10/19/21
Date (Fecha)

3
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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Jerry
First Name (Nombre)

Nestlerode
Last Name (Apellido)

Address (Direccion)

Chula Vista
City (Ciudad)

CA
State (Estado)

91910
Zip (Codigo Postal)

619-793-6950
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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10/19/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Alternatives to Detention
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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Fernando
First Name (Nombre)

Parra
Last Name (Apellido)

4069 30th St.
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92104
Zip (Codigo Postal)

619-543-0412
Phone Number (Numero de Telefono)

Mental Health America
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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10/19/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Alternatives to Incarceration
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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Glen — First Name (Nombre)
Hilton — Last Name (Apellido)

1250 Sixth Avenue
Address (Direccion)

San Diego — City (Ciudad)
CA — State (Estado)
92101 — Zip (Codigo Postal)

858-260-8604
Phone Number (Numero de Telefono)

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

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Spoke

10/19/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Data Driven Approach to Protecting Public Safety
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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Greg — First Name (Nombre)
Anglea — Last Name (Apellido)

550 W Washington Ave.
Address (Direccion)

Escondido — City (Ciudad)
CA — State (Estado)
92029 — Zip (Codigo Postal)

858-336-4526
Phone Number (Numero de Telefono)

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

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Spoke

10/19/21
Date (Fecha)

S
Agenda Item # (Numero de agenda)

Intervention
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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Brahmankyrie
First Name (Nombre)

Last Name (Apellido)

2719 Vista Del Oro
Address (Direccion)

Carlsbad
City (Ciudad)

CA
State (Estado)

92009
Zip (Codigo Postal)

4243328418
Phone Number (Numero de Telefono)

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

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10/19/21
Date (Fecha)

ITEM 3
Agenda Item # (Numero de agenda)

ITEM 3 - DATA DRIVEN APPROACH TO PUBLIC SAFETY
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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DA SUMMER
First Name (Nombre)

STEPHAN
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

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

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Spoke

03	DATA DRIVEN APPROACH	
Chris	Olsen	S
Anjleena	Kour Sahni	S
Bianca	Gaeta	S
Karen	Sutton	S
Esmeralda	Flores	S
Crystal	Irving	S
Toby	Ewing	S
Rebekah	Bewley	S
Kim	Moore	S
Ariana	Federico	S
Jerry	Hall	S