

REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # _____

Date: 09 SEP 2025

Name: KARIN HAUSTEIN
(Print Name Clearly)

Phonetic Spelling: _____

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): (805) 944-8110
(Phone Number Including Area Code)

Karin.haustein@gmail.com
(Email Address)

Representing (optional): Lompoc Valley
(Organization, etc.)

All individual speakers and organized presentations to the Board of Supervisors are subject to time limits imposed at the discretion of the Chair.

Persons desiring to address the Board of Supervisors must complete and deliver to the Clerk a speaker slip **PRIOR** to the commencement of the item.

When speaking, be brief, stay on subject, present only new information. When testifying before the Board of Supervisors, personal attacks and other disruptive behavior is not appropriate.

(The Clerk will call you to the microphone at the appropriate time)

PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK



one
COUNTY
one
FUTURE

☒ General Public Comment

Agenda Item # _____

Date: _____

Name: Willie Lubka

(Print Name Clearly)

Phonetic Spelling: "Loob-Ka"

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): 805-218-1189
(Phone Number Including Area Code)

Lubka @ buen-vecino.org
(Email Address)

Representing (optional): Buen Vecino
(Organization, etc.)

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General Public Comment

Agenda Item # _____

Date: 9/9/25

Name: Larry Behrendt
(Print Name Clearly)

Phonetic Spelling: BEH - RENT

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): 310 963 5198
(Phone Number Including Area Code)

Larry behrendt@hotmail.com
(Email Address)

Representing (optional): Indivisible Santa Barbara
(Organization, etc.)

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Date: 9/9/25

Name: Eileen Boris

(Print Name Clearly)

Phonetic Spelling: _____

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): _____

(Phone Number Including Area Code)

(Email Address)

Representing (optional): UCSB Distinguished Professor
for Dept. of Feminist Studies / IHSS
(Organization, etc.)

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Date: 9/9/25

Name: Liam Gale

(Print Name Clearly)

Phonetic Spelling: Lee-uhm Gah-lah

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): _____
(Phone Number Including Area Code)

(Email Address)

Representing (optional): United Way / AmeriCorps
(Organization, etc.)

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