REQUEST TO SPEAK

one COUNTY one FUTURE

☐ **General Public Comment**

Agenda Item # D2

Date: 12-9-2025

Name: GAIL OSHERENKO

(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)*: _____

(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 # D2

Date: _____

Name: Cheryl Smith

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information *(optional)*: 814-714-4428

(Phone Number Including Area Code)

csmith5376@gmail.com

(Email Address)

Representing *(optional)*: _____

(Organization, etc.)

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Agenda Item # D2

Date: _____

Name: Maureen Ewing

(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)*: CLVC LWV

(Organization, etc.)

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Agenda Item # D2

Date: 12/9/25

Name: GEORGE KAUFMANN
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information *(optional)*: 805-565-4960
(Phone Number Including Area Code)

g.kaufmann@cox.net
(Email Address)

Representing *(optional)*: NAMI SANTA BARBARA COUNTY
(Organization, etc.)

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Agenda Item # D-2

Date: 12/9/25

Name: Lynne Gibbs

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information *(optional)*: 805-708-0856

(Phone Number Including Area Code)

_____

(Email Address)

Representing *(optional)*: NAMI

(Organization, etc.)

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Agenda Item # D-2

Date: _____

Name: Ethien Bertrand

(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)*: Asm. Hart

(Organization, etc.)

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