

## REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # Public

Date: Aug 26, 2025

Name: Tracy Beard  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): 729-3815  
(Phone Number Including Area Code)

Tracy Solvang Church  
(Email Address)

Representing (optional): Solvang Church  
(Organization, etc.)

Worth Ann, 54 Valley News

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.

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

PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

1

## REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # \_\_\_\_\_

Date: \_\_\_\_\_

Name: Steve Wagner  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): (661) 510-3276  
(Phone Number Including Area Code)

Steve31355@yahoo.com  
(Email Address)

Representing (optional): \_\_\_\_\_  
(Organization, etc.)

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## REQUEST TO SPEAK


☐ General Public Comment

Agenda Item # \_\_\_\_\_

Date: \_\_\_\_\_

Name: Cheryl Frederiksen  
 \_\_\_\_\_  
 (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.)

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REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # \_\_\_\_\_

Date: 8/26/25

Name: Judy Burch  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): \_\_\_\_\_  
(Phone Number Including Area Code)

judy burch. sj@gmail.com  
(Email Address)

Representing (optional): mobile home owner  
(Organization, etc.)

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Agenda Item # \_\_\_\_\_

Date: 8/26/2025

Name: Lorenzo Nevarez  
(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): IHSS / UDW  
(Organization, etc.)

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Agenda Item # \_\_\_\_\_

Date: 8/26/2025

Name: Jeremy Goldberg  
 (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): CCLC / IHSS  
 (Organization, etc.)

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Agenda Item # \_\_\_\_\_

Date: 8/26/2025

Name: Patrick Youngern  
 (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): Santa Maria Firefighters  
Local 2020 / IHSS  
 (Organization, etc.)

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4

# REQUEST TO SPEAK



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Agenda Item # \_\_\_\_\_

Date: 8/26/25

Name: Carmen Rhodes  
(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 Community Labor Center / IHSS  
(Organization, etc.)

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5  
REQUEST TO SPEAK



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Agenda Item # \_\_\_\_\_

Date: \_\_\_\_\_

Name: Jeanne Sparks  
(Print Name Clearly)

Phonetic Spelling: Jeannie Sparks

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

Contact Information (optional): \_\_\_\_\_  
(Phone Number Including Area Code)

\_\_\_\_\_  
(Email Address)

Representing (optional): SBCAN / SELF / IHSS  
(Organization, etc.)

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Agenda Item #

Date: 8/26/2025

Name: Ilene Pickle  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): 820-849-0181  
(Phone Number Including Area Code)

ilene.pickle@yahoo.com  
(Email Address)

Representing (optional): self / IHSS  
(Organization, etc.)

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70

# REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # \_\_\_\_\_

Date: 8/26/2025

Name: Gabriel Mendoza  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): \_\_\_\_\_  
(Phone Number Including Area Code)

gabriel.mendoza@mixteco.org  
(Email Address)

Representing (optional): Mixteco Indigena Community Organizing Project  
(Organization, etc.)

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8 M

## REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # \_\_\_\_\_

Date: \_\_\_\_\_

Name: Reynaldo Rodriguez  
(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): MICOP / IHSS  
(Organization, etc.)

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REQUEST TO SPEAK

9



☐ General Public Comment

Agenda Item # \_\_\_\_\_

Date: 8/26/2025

Name: RICARDO CRUZ  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): (805) 670-1979  
(Phone Number Including Area Code)

ricardo.cruz@mixtco.org  
(Email Address)

Representing (optional): MICOP  
(Organization, etc.)

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REQUEST TO SPEAK

10



☒ General Public Comment

Agenda Item # \_\_\_\_\_

Date: 8/26/25

Name: Fernando Martinez  
(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): MICOP / IHSS  
(Organization, etc.)

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☐ General Public Comment

Agenda Item #

Date:

8/26/2025

Name:

MARY BOULDIN

(Print Name Clearly)

Phonetic Spelling:

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

Contact Information (optional):

805 708 9527 013117

(Phone Number Including Area Code)

@WESOME LUCK, MARY@gmail.com

(Email Address)

Representing (optional):

In-home Supportive Service

(Organization, etc.)

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Date: 8/26/25

Name: Edward Lamberson  
 (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): IHSS  
 (Organization, etc.)

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Name: \_\_\_\_\_

(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.)

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# 2 Handouts

## REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # \_\_\_\_\_

Date: \_\_\_\_\_

Name: Valerie Cad  
(Print Name Clearly)

Phonetic Spelling: \_\_\_\_\_

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

Contact Information (optional): 558-259-2253  
(Phone Number Including Area Code)

COSEALIS@YAHOO.COM  
(Email Address)

Representing (optional): \_\_\_\_\_  
(Organization, etc.)

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