

REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # 4

Date: 9/11/25

Name: JASON LOMELINO

(Print Name Clearly)

Phonetic Spelling: JASON LOM - A - LINO

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

Contact Information (optional): 805.403.3232
(Phone Number Including Area Code)

JASON LOMELINO @ HOTMAIL.COM
(Email Address)

Representing (optional): MISSION ISLA VISTA
(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

2

REQUEST TO SPEAK



☐ General Public Comment

Agenda Item #

4

Date:

9/9/25

Name:

Holly Lomelino

(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):

Mission Isla Vista

(Organization, etc.)

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☐ General Public Comment

Agenda Item # 4

Date: 9/9/25

Name: Joanna Lomelino

(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): Mission Isla Vista
(Organization, etc.)

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4

REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # 4

Date: 9/9/25

Name: Alan Siebenaler
(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): Mission Isla Vista
(Organization, etc.)

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REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # 4

Date: 9/9/25

Name: Jack Smith

(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): Mission Isla Vista
(Organization, etc.)

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☐ General Public Comment

Agenda Item # 4

Date: 9/9/25

Name: Michael Becchio
(Print Name Clearly)

Phonetic Spelling: Michael Bekio
(In an effort to pronounce names correctly please provide phonetic spelling)

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

(Email Address)

Representing (optional): Mission Isla Vista
(Organization, etc.)

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REQUEST TO SPEAK



one
COUNTY
one
FUTURE

☐ General Public Comment

Agenda Item # 4

Date: 9/9/25

Name: Dr. Claire Albrecht
(Print Name Clearly)

Phonetic Spelling: KL-air AH-lbrekt

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

Contact Information (optional): (513)-907-9304
(Phone Number Including Area Code)

claire.albrecht85@gmail.com
(Email Address)

Representing (optional): Mission Isla Vista
(Organization, etc.)

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REQUEST TO SPEAK



one
COUNTY
one
FUTURE

☐ General Public Comment

Agenda Item # 4

Date: 9/9/25

Name: Mason Brody
(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): Mission Isla Vista
(Organization, etc.)

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REQUEST TO SPEAK



☐ General Public Comment

Agenda Item #

4

Date:

9/9/25

Name:

Katherine Carmichael

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional):

661-670-0818

(Phone Number Including Area Code)

katherine.carmichael@islatistasd.com

(Email Address)

Representing (optional): _____

(Organization, etc.)

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REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # D4

Date: 9 Sep '25

Name: Bruce Mardock

(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 # D4

Date: SEPT. 9, 2025

Name: HARRY REESE

(Print Name Clearly)

Phonetic Spelling: HARRY REESE

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

Contact Information (optional): 805-729-2422
(Phone Number Including Area Code)

reese@arts.ucsb.edu
(Email Address)

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

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REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # D4

Date: 9/1/25

Name: Ash Valenti
(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 # 4

Date: _____

Name: KIM YASUDA
(Print Name Clearly)

Phonetic Spelling: Kim Yā-sū-dā

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

Contact Information (optional): 805-895-2253
(Phone Number Including Area Code)

Kimyasuda
(Email Address)

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

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REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # D4 Soutar

Date: 9/9/49

Name: Janet Stich

(Print Name Clearly)

Phonetic Spelling: stich

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

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

janetstich@gmail.com
(Email Address)

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

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☐ General Public Comment

Agenda Item #

#4

Date: _____

Name: _____

Rick Stich

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): _____

(805) 448-0449

(Phone Number Including Area Code)

rickstich@gmail.com

(Email Address)

Representing (optional): _____

Stich Family

(Organization, etc.)

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REQUEST TO SPEAK



☐ General Public Comment

Agenda Item # D-4

Date: 9/9

Name: Spencer Brandt

(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): IVCSD

(Organization, etc.)

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