

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Health & Human Services

Date: 4/13/20

Name: Navia Valencia

(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 Barbara Co. Behavioral Wellness Commission
(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.

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

PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Health Services

Date: April 13

Name: Stacy Bratcher
(Print Name Clearly)

Phonetic Spelling: Brat-cher

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

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

(Email Address)

Representing (optional): Cottage Health
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: BWELC

Date: 4/13/26

Name: GEORGE KAUFMANN
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-280-2332
(Phone Number Including Area Code)

g.kaufmann@cox.net
(Email Address)

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

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REQUEST TO SPEAK



General Public Comment

Agenda Item # budget workshop

Date: 4-13-26 *public health*

Name: Dr. Lee Heller

(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 # Budget Health & Human Service

Date: 4/13/20

Name: MIKE STOKER
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): (805) 708-9100
(Phone Number Including Area Code)

MIKE STOKER @ AOL.COM
(Email Address)

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

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REQUEST TO SPEAK



General Public Comment
Agenda Item # health & human services
Date: 05/13/26

Name: Leo Decasans
(Print Name Clearly)

Phonetic Spelling: Leo Deh cah sans

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

Contact Information (optional): Leo@seiu local 620.org
(Phone Number Including Area Code)

(Email Address)

Representing (optional): SEIU 620
(Organization, etc.)

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REQUEST TO SPEAK



General Public Comment

Agenda Item # Health

Date: Services

Name: Laura Robinson

(Print Name Clearly)

Phonetic Spelling: _____

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

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

Laura@seiulocal620.org
(Email Address)

Representing (optional): SEIU Local 620
(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK



General Public Comment

Agenda Item # Commonly

Date: 3/4/13/12/4

Name: Patricia Solorio
(Print Name Clearly)

Phonetic Spelling: _____

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

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

psolorio@fundforSantaBarbara.org
(Email Address)

Representing (optional): The Fund for Santa Barbara
(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

Not Speaking

REQUEST TO SPEAK



General Public Comment

Agenda Item # Health + Human

Date: Services

Name: LISA MOORE
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): Home: 805.569.4290
M: 805.448.8349
(Phone Number Including Area Code)

LMOORE@SBCA.ORG
(Email Address)

Representing (optional): COTTAGE HEALTH
(Organization, etc.)

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REQUEST TO SPEAK



General Public Comment

Agenda Item # BEWELL

Date: 4/13/26

Name: TOM FRANKLIN
(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): NAMI S.B. COUNTY
(Organization, etc.)

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REQUEST TO SPEAK



General Public Comment

Agenda Item # BEWELL

Date: 5/13/26

Name: LEONARDO MARCUS
(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 # Health +

Date: 4/13 Human
Sues

Name: Ramona Winner
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 448 7149
(Phone Number Including Area Code)

Ramona.winner@gmail.com
(Email Address)

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

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK



General Public Comment

Agenda Item # Health Human Services

Date: 4/13/2026

Name: Andrew Whyman
(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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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Community resources & public facilities

Function Group: _____

Date: 4/13/26

Name: Lauren Trujillo

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 689 2448

(Phone Number Including Area Code)

(Email Address)

Representing (optional): SB Library Foundation

(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment
Functional Group: Public Input
Date: April 13, 2026

Name: Maureen East
(Print Name Clearly)

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

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

MaureenEast00@gmail.com
(Email Address)

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

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REQUEST TO SPEAK



General Public Comment

Agenda Item # Bewell

Date: 4/13/26

Name: Gracia Soto
(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 # DSS

Date: 4/13/2026

Name: Steve Hernandez

(Print Name Clearly)

Phonetic Spelling: Steve Hernandez

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

Contact Information (optional): 805-757-8580
(Phone Number Including Area Code)

PAULSTEVE7@gmail.com
(Email Address)

Representing (optional): SEIU 721
(Organization, etc.)

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REQUEST TO SPEAK



General Public Comment

Agenda Item # DSS

Date: 4/13/26

Name: Winona Mounts

(Print Name Clearly)

Phonetic Spelling: Why - no - na

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

Contact Information (optional): (805) 268-2739
(Phone Number Including Area Code)

winonajosephine@hotmail.com
(Email Address)

Representing (optional): SEIU Local 721
(Organization, etc.)

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REQUEST TO SPEAK



General Public Comment

Agenda Item # Animal Services

Date: 4/13/20

Name: LINDA GRECO
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-680-6856
(Phone Number Including Area Code)

LINDA@SBCAnimalCare.org
(Email Address)

Representing (optional): SBC Animal Care Found.
(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK



General Public Comment

Agenda Item # Community Service

Date: _____

Name: Dennis Apel
(Print Name Clearly)

Phonetic Spelling: AH-pel

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

Contact Information (optional): (805) 878-2614
(Phone Number Including Area Code)

jdapel2@gmail.com
(Email Address)

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

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REQUEST TO SPEAK



General Public Comment

Agenda Item # Community

Date: 4/13/26

service

Racial Equity Grant

Name: Lawanda Lyons-Pruitt
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-448-7869
(Phone Number Including Area Code)

lyonspruitt@msn.com
(Email Address)

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

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REQUEST TO SPEAK



General Public Comment

Agenda Item # DSS

Date: 4/13/20

Name: Daniel Ibarra
(Print Name Clearly)

Phonetic Spelling: Daniel Ibarra

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

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

(Email Address)

Representing (optional): SEIU Local 721
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment

Functional Group: Public Safety

Date: 4/15/28

Name: Glavia Soto

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-314-503
(Phone Number Including Area Code)

(Email Address)

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

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: Cannabis

Date: 4-15-20

Name: Carmen Martinez

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): (805) 865-3813
(Phone Number Including Area Code)

139929cm@gmail.com
(Email Address)

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

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Cannabis

Date: 04/15/20

Name: Brandon Vasquez
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): (805) 867-0158
(Phone Number Including Area Code)

(Email Address)

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

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: Canebi's

Date: 4-15-26

Name: Bradyn Lopez

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 870-998-5856
(Phone Number Including Area Code)

[Signature] 369023@students-smjwhsd.org
(Email Address)

Representing (optional): Santa Maria
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Cannabis

Date: 9-15-2025

Name: Ivette Peralta
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 559-974-6326
(Phone Number Including Area Code)

ivette@futureleadersnow.org
(Email Address)

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

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment
Function Group: Carroll
Date: 4/15/26

Name: Esquivel Morales
(Print Name Clearly)

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

Contact Information (optional): 805-888-8826
(Phone Number Including Area Code)

esquivel.morales210@icloud.com
(Email Address)

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

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Cannabis

Date: 04/15/26

Name: Maydeli Aguirre
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 206 510 8761
(Phone Number Including Area Code)

(Email Address)

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

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Cannabis

Date: 4/15/26

Name: Eva Maria Torralba-Catalan
(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): SBC Youth Impact Coalition
(Organization, etc.)

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one
COUNTY
one
FUTURE

REQUEST TO SPEAK
BUDGET WORKSHOPS

General Public Comment

Functional Group: Cannabis

Date: 4/15/26

Name: Glavia Soto

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-314-5033
(Phone Number Including Area Code)

(Email Address)

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

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Sheriff Dept.

Date: _____

Name: Hank Pitcher
(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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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment

Functional Group: SHERIFF

Date: 4/15/20

Name: GEORGE KAUFMAN

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 280 2332
(Phone Number Including Area Code)

(Email Address)

Representing (optional): NAMI SB Co
(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Functional Group: SHERIFF

Date: 4/15/26

Name: MIKE STOKER

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): (805) 708-9100
(Phone Number Including Area Code)

MIKESTOKER@AOL.COM
(Email Address)

Representing (optional): SBC TAC
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment

Functional Group: PUBLIC SAFETY

Date: 4/15/24

Name: SUZANNE RIORDAN

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 637-1339
(Phone Number Including Area Code)

(Email Address)

Representing (optional): FAMILIES ACT!
(Organization, etc.)

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one COUNTY
one FUTURE

**REQUEST TO SPEAK
BUDGET WORKSHOPS**

General Public Comment

Functional Group: Public safety

Date: 15 APRIL 2026

Name: Graham Neiman

(Print Name Clearly)

Phonetic Spelling: Graham knep man

(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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one
COUNTY
one
FUTURE

**REQUEST TO SPEAK
BUDGET WORKSHOPS**

General Public Comment

Functional Group: SHERIFF

Date: 4/15/26

Name: TOM FRANKLIN

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-245-2116
(Phone Number Including Area Code)

tefrfc@gmail.com
(Email Address)

Representing (optional): NAMI S.B. COUNTY
(Organization, etc.)

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Registered on Zoom, switching
REQUEST TO SPEAK to in-person



one
COUNTY
one
FUTURE

BUDGET WORKSHOPS

General Public Comment

Functional Group: Sheriff's

Date: 4/15/26

Name: Sarah Nuñez

(Print Name Clearly)

Phonetic Spelling: Nunyez

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

Contact Information (optional): (925) 395-1143
(Phone Number Including Area Code)

Sarachebe103@gmail.com
(Email Address)

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

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REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment

Functional Group: Public Safety

Date: 4/15/2020

Name: Steven Baird

(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): FCHO Group Band of ~~Brothers~~
(Organization, etc.) Brothers

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REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment

Functional Group: Public Safety

Date: 4/15/26

Name: Jennifer Baird

(Print Name Clearly)

Phonetic Spelling: "Bear"d

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

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

(Email Address)

Representing (optional): Hearts of Armor
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Functional Group: Public Safety

Date: 4/15/26

Name: Lyme Gibbs
(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): NAMI/SBCO
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Functional Group: Pub

Date: Safety

Name: KARIN HANENSTEIN

(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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one
COUNTY
one
FUTURE

**REQUEST TO SPEAK
BUDGET WORKSHOPS**

General Public Comment

Functional Group: PUBLIC SAFETY

Date: 4/15/26

Name: MAX MOORIE

(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
BUDGET WORKSHOPS



General Public Comment

Functional Group: Public Safety

Date: 4-15-2025

Name: Gail Oshenko
(Print Name Clearly)

Phonetic Spelling: O-sure-enko

(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
BUDGET WORKSHOPS



General Public Comment

Functional Group: Public Safety

Date: 4/15

Name: Ana

(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
BUDGET WORKSHOPS



General Public Comment

Functional Group: Police Society

Date: _____

Name: Andrew Whyman
(Print Name Clearly)

Phonetic Spelling: _____

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

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

ADWhyman143@gmail.com
(Email Address)

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

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one
COUNTY
one
FUTURE

**REQUEST TO SPEAK
BUDGET WORKSHOPS**

General Public Comment

Functional Group: Public Safety

Date: 4/15/26

Name: Matt Maxwell

(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): DSA
(Organization, etc.)

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REQUEST TO SPEAK

BUDGET WORKSHOPS



one COUNTY one FUTURE

General Public Comment

Functional Group: Safety

Date: _____

Name: Laura Robinson

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 562-221-3652
(Phone Number Including Area Code)

Laura@seju.local670.org
(Email Address)

Representing (optional): SEJU Local 670
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Public Safety

Date: 4/15/26

Name: Laurence Severance
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): (206) 250-5855
(Phone Number Including Area Code)

laurenceseverance@gmail.com
(Email Address)

Representing (optional): CLUE - Santa Barbara
(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: PUBLIC SAFETY

Date: 4-15-26

Name: JAYCEE D HUNTER

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): _____

(Phone Number Including Area Code)

JDH4974 @ SB SHERIFF.ORG

(Email Address)

Representing (optional): SANTA BARBARA COUNTY DEPUTY SHERIFF'S ASS.

(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: PUBLIC SAFETY

Date: 4/15/26

Name: JENNA FLYNN
(Print Name Clearly)

Phonetic Spelling: JEN-NUH FLINN

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

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

(Email Address)

Representing (optional): SANTA BARBARA CO. SHERIFF'S OFFICE
(Organization, etc.)

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REQUEST TO SPEAK

BUDGET WORKSHOPS



Public Safety

General Public Comment

Function Group: ~~Sheriff, DA,~~
~~Defender, Probation,~~

Date: ~~Smith~~ 4-15-24

Name: Cheryl Smith
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 817-714-4428
(Phone Number Including Area Code)

csmith65376@gmail.com
(Email Address)

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

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: WORKSHOP

Date: 17-APR 2026
SUMMARY

Name: Roy DUGGER
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): (805) 757-1742
(Phone Number Including Area Code)

rfdugger@gmail.com
(Email Address)

Representing (optional): SELF EMERGENCY SERVICES PROFESSIONAL
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Jaile

Date: 4-17-2026

Name: Gail Osherenko
(Print Name Clearly)

Phonetic Spelling: O-SURE-ENKO

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

Contact Information (optional): 805 886 1182
(Phone Number Including Area Code)

(Email Address)

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

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REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Functional Group: JAK

Date: 4/17/26

Name: LARRY BEHRENT
(Print Name Clearly)

Phonetic Spelling: BEH - RENT

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

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

(Email Address)

Representing (optional): INDIVISIBLE SANTA BARBARA
(Organization, etc.)

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REQUEST TO SPEAK
BUDGET WORKSHOPS



one
COUNTY
one
FUTURE

General Public Comment

Functional Group: Special
Issue: Jail System
Date: Housing Option
4-17-24

Name: Cheryl Smith
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 817-714-4428
(Phone Number Including Area Code)

csmith5376@gmail.com
(Email Address)

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

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one
COUNTY
one
FUTURE

REQUEST TO SPEAK BUDGET WORKSHOPS

General Public Comment

Functional Group: Jail

Date: _____

Name: Maria Valencica

(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): NAMI
(Organization, etc.)

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: Jail System
~~Spills~~

Date: 4/17/2026

Name: Andrew Whyman
(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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one
COUNTY
one
FUTURE

REQUEST TO SPEAK
BUDGET WORKSHOPS

General Public Comment

Functional Group: _____

Date: _____

Jail Expansion

Name: *Nancy Avoce*
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): *530-304-1335*
(Phone Number Including Area Code)

nancy@sbcan.org
(Email Address)

Representing (optional): *SBCAN*
(Organization, etc.)

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: Jeil Expansion

Date: 4/17/26

Name: Lynne Gibbs

(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): NAMI SBCO
(Organization, etc.)

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: B Well

Date: 4/17

Name: Ramona Winner

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 448 7149
(Phone Number Including Area Code)

(Email Address)

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

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group:

5 e.1 Housing

Date:

4/17/2026

Name:

Jeffrey Shuman

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional):

415 699-7161

(Phone Number Including Area Code)

jeffshu51@gmail.com

(Email Address)

Representing (optional): _____

(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: Jail

Date: 17 April 2026

Name: Pam Flynt Tambö

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805.451.4340
(Phone Number Including Area Code)

pambotambo@~~com~~gmail.com
(Email Address)

Representing (optional): League of Women Voters of Santa Barbara
(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.

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK

BUDGET WORKSHOPS



one COUNTY one FUTURE

General Public Comment

Function Group: Jan

Date: 4/17/28

Name: Robert Crastern

(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): CJWG

(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS



one
COUNTY
one
FUTURE

REQUEST TO SPEAK
BUDGET WORKSHOPS

General Public Comment

Functional Group: JAIL CONSTRUCTION OPTION

Date: 4/17/26

Name: Laurence Severance
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 206 250-5855
(Phone Number Including Area Code)

laurenceseverance@gmail.com
(Email Address)

Representing (optional): CLUE - Santa Barbara / LWV
(Organization, etc.)
Criminal Justice Workgroup

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REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: Jail

Date: _____

Name: ROZY MOORE
(Print Name Clearly)

Phonetic Spelling: _____

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

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

ACQUITTER@hotmail.com
(Email Address)

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

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Functional Group: NBJ-bil

Date: April 17, 2026

Name: Murphy Earls
(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): CLUE LWV
(Organization, etc.)

Please hand letter at meeting.

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK

BUDGET WORKSHOPS



General Public Comment

Function Group: JAIL HOUSING OPTIONS

Date: 4/17/26

Name: SUZANNE RIORDAN
(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): FAMILIES ACT!
(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS

John



one
COUNTY
one
FUTURE

General Public Comment

Function Group: _____

Date: 4-17-25

Name: TED RHODES

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 705 8397
(Phone Number Including Area Code)

rhodes.ted@gmail.com
(Email Address)

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

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK
BUDGET WORKSHOPS



General Public Comment

Function Group: Budget

Date: 4/17/26

Name: Margaret Crocco

(Print Name Clearly)

Phonetic Spelling: Cr(aw)coo

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

Contact Information (optional): _____

(Phone Number Including Area Code)

(Email Address)

Representing (optional): SB Library Advisory Board

(Organization, etc.)

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PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS



one
COUNTY
one
FUTURE

**REQUEST TO SPEAK
BUDGET WORKSHOPS**

General Public Comment
re: Library
Functional Group: Funding
Date: April 17 2026

Name: Cecilia Harris
(Print Name Clearly)

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

Contact Information (optional): 847-772-8034
(Phone Number Including Area Code)

cecilia.harris6@gmail.com
(Email Address)

Representing (optional): Member of Santa Barbara Public Library Advisory Board
(Organization, etc.)

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