REQUEST TO SPEAK FORM

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If you wish to address the Board, Committee, or Commission, please fill out this form and place it in the container provided.

DATE: 10/24/16

AGENDA ITEM NO. □

For Issue □ Against Issue □ Neutral □ * Written comments for the record only □

NAME (OPTIONAL): KEN GOLSTEIN

PLEASE PRINT CLEARLY

DECLINE TO STATE □

ORGANIZATION (OPTIONAL): RECOVERY CAFE SAN JOSE

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): 80 S. 5TH ST, SAN JOSE, CA 95112

PLEASE PRINT

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DATE: 10/4/14

AGENDA ITEM NO. __________

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Patricia Chappellone

DECLINE TO STATE ☐

PLEASE PRINT CLEARLY

ORGANIZATION (OPTIONAL): Alum Rock Counseling Center

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): __________________________

PLEASE PRINT

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DATE: 10/24/16

AGENDA ITEM NO. __________

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Ryan Kawamoto

DECLINE TO STATE ☐

PLEASE PRINT CLEARLY

ORGANIZATION (OPTIONAL): Yu-ai Koi

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): 588 N. Form Stret, San Jose, CA 95112

PLEASE PRINT

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AGENDA ITEM NO. __________

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Colleen Hugger

ORGANIZATION (OPTIONAL): Live Oak Adult Day Services

ADDRESS (OPTIONAL): 1147 Minnesota Ave, SS 95125

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DATE: 10-24-16

AGENDA ITEM NO. __________

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): ___________________________________________ Decline to State ☐

ORGANIZATION (OPTIONAL): ________________________________

ADDRESS (OPTIONAL): _______________________________________

PLEASE PRINT CLEARLY

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P. 5942 REV 11/15
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DATE: October 24, 16

AGENDA ITEM NO. ____________

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): VERONICA GOEI Decline to State ☐

PLEASE PRINT CLEARLY

ORGANIZATION (OPTIONAL): GRAIL FAMILY SERVICES

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): 2003 E. SAN ANTONIO STREET

PLEASE PRINT

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DATE: 10-24-16

AGENDA ITEM NO. __________

For Issue □ Against Issue □ Neutral □ * Written comments for the record only □

NAME (OPTIONAL): PATRICK SORICONE Decline to State □

ORGANIZATION (OPTIONAL): Somos MAYFAIR PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): PLEASE PRINT CLEARLY

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For Issue □ Against Issue □ Neutral □ * Written comments for the record only □

NAME (OPTIONAL): GARY MONTREZZA  Decline to State □

ORGANIZATION (OPTIONAL): PATHWAY SOCIETY

ADDRESS (OPTIONAL): ____________________________

PLEASE PRINT CLEARLY

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REQUEST TO SPEAK FORM

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DATE: 10/4/16

AGENDA ITEM NO. 5

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): MAUREEN WADDETT

Decline to State ☐

ORGANIZATION (OPTIONAL): COMMUNITY SERVICES

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL):

PLEASE PRINT

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DATE: 10/24/16
AGENDA ITEM NO. 1

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Daniel Mahan
Decline to State ☐

ORGANIZATION (OPTIONAL): Advent

ADDRESS (OPTIONAL):

PLEAS PRINT CLEARLY

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DATE: 10.24.16

AGENDA ITEM NO. __________

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Laura Champion

ORGANIZATION (OPTIONAL): Uplift Family Services

ADDRESS (OPTIONAL): 

PLEASE PRINT CLEARLY

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DATE: 10/24/16

AGENDA ITEM NO. ________

For Issue□  Against Issue□  Neutral□  * Written comments for the record only □

NAME (OPTIONAL): Richard Konda

ORGANIZATION (OPTIONAL): A-LA

ADDRESS (OPTIONAL):

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DATE: 10/24/16

AGENDA ITEM NO. 5

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): SUJATHA VENKATRAMAN

Decline to State ☐

PLEASE PRINT CLEARLY

ORGANIZATION (OPTIONAL): West Valley Community Services

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): ________________________________

PLEASE PRINT

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AGENDA ITEM NO. 5

For Issue ☐ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Pat Mitchell

ORGANIZATION (OPTIONAL): Parisi House on the Hill

ADDRESS (OPTIONAL):

PLEASE PRINT CLEARLY

DECLINE TO STATE ☐

PLEASE PRINT CLEARLY

NAME (OPTIONAL):

ORGANIZATION (OPTIONAL):

ADDRESS (OPTIONAL):

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AGENDA ITEM NO. __________

For Issue ☑  Against Issue ☐  Neutral ☐  * Written comments for the record only ☐

NAME (OPTIONAL): Don Phillips

ORGANIZATION (OPTIONAL): SETV Steward County Employee

ADDRESS (OPTIONAL): PLEASE PRINT CLEARLY

PLEAS PRINT CLEARLY

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Living Wage
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AGENDA ITEM NO. ___

For Issue ☑ Against Issue ☐ Neutral ☐ * Written comments for the record only ☐

NAME (OPTIONAL): Kristy M. Sermersheim

ORGANIZATION (OPTIONAL): SEIU Local 521

ADDRESS (OPTIONAL): _____________________________________________________________

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Oral plus written statement.
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**DATE:** 10/24/16

**AGENDA ITEM NO.** 5

For Issue [ ] Against Issue [ ] Neutral [ ]

* Written comments for the record only [ ]

**NAME (OPTIONAL):** Marie Bernard

**ORGANIZATION (OPTIONAL):** Sunnyvale Community Services

**ADDRESS (OPTIONAL):**

*If you want to provide written comments for the record only, and you do NOT wish to address the Board, Committee, or Commission orally, please write comments below:

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DATE: 10/24/16

AGENDA ITEM NO. LIVING WAGE

For Issue ☐ Against Issue ☐ Neutral ☐ *

Written comments for the record only ☐

NAME (OPTIONAL): CLIFF GOODEN

Decline to State ☐

ORGANIZATION (OPTIONAL): USWW

PLEASE PRINT CLEARLY

ADDRESS (OPTIONAL): 

PLEASE PRINT CLEARLY

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DATE: 10/24/16

AGENDA ITEM NO. Living wages

For Issue □ Against Issue □ Neutral □ * Written comments for the record only □

NAME (OPTIONAL): Lisa Wilson

ORGANIZATION (OPTIONAL): Momentum and SEIU

ADDRESS (OPTIONAL):

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DATE: 10/24/16

AGENDA ITEM NO. __________

For Issue [ ] Against Issue [ ] Neutral [ ] * Written comments for the record only [ ]

NAME (OPTIONAL): Ali Barekat

ORGANIZATION (OPTIONAL): Sunday Friends

ADDRESS (OPTIONAL): 730 Story Road, San Jose CA 95112

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We love the living wage to be raised to $15/hour, even though it is going to affect us as a non-profit organization for our own staff costs.