



# Speakers

## Regular Meeting of Palatine Park Board of Park Commissioners Monday, September 09, 2024 (Please print all information)



Name	Address (optional)	Phone Number/Email (optional)	Reason for Attendance	Will you be speaking? Select yes or no
Verny Hoen	1414 Sterling		Stables	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Archer Selman			Stables	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Kim [Signature]				<input type="checkbox"/> YES <input type="checkbox"/> NO
Linni Pesci	205 E. Palatine Rd		Stables misc.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
KAREN PETERSEN			STABLES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Carol Carrosso	—		STABLES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO



# Spokesperson Registration Form

Groups looking to designate one person to speak on their behalf must fill out this form no later than 1 hour in advance of a Palatine Park District Board of Commissioners Meeting.

Spokesperson Name: Sharol Gersic  
First Last

Current Address: 1185 W Sturbridge Drive Hoffman Estates 60192  
(Optional) Street Number & Name City Zip Code

Email: sharol@gersic.com Phone: (630) - 347-6519 - \_\_\_\_\_

**Names of people represented by spokesperson:**

- 1. Thomas Gersic
- 2. Mya Gersic
- 3. Amelia Gersic
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**Subject of public comment:**

Save the Palatine Stables

Any person identified as being represented by a group spokesperson shall be deemed to have waived their opportunity to speak independently unless the Chair determines that allowing such a speaker to address the Board will contribute new testimony or evidence germane to an issue on the agenda for that meeting.

Date: 09 / 09 / 2024

10:13A



# Spokesperson Registration Form

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Spokesperson Name: FRANKLIN J SKORSKI, JR  
First Last

Current Address: 145 W BRYAN AVE PALATINE 60067  
(Optional) Street Number & Name City Zip Code

Email: FSKORSKI@COMCAST.NE Phone: (630) 220 1210

**Names of people represented by spokesperson:**

- |                         |                          |
|-------------------------|--------------------------|
| 1. <u>SIM ARTEMBACH</u> | 6. <u>RAO ADELPAULI</u>  |
| 2. <u>JUDI DEPUKLET</u> | 7. <u>ANTONY CIANI</u>   |
| 3. <u>CURT DANEKAR</u>  | 8. <u>CHRIS GIBAL</u>    |
| 4. <u>TOM WHITE</u>     | 9. <u>SIM FLEISCHMAN</u> |
| 5. <u>ALLEN KUO</u>     | 10. <u>BOB STREICHER</u> |

Subject of public comment:



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Date: 9, 9, 24



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Name	Address (optional)	Phone Number/Email (optional)	Reason for Attendance	Will you be speaking? Select yes or no
Rick Buser			CONCRETE RESIDENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Jenine Rosengart			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Zink Mincey			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Julie T Miller			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Janice Lindsey			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Lindsay Galvan			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Cara / Romaniszki			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Tim Larios			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



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Name	Address (optional)	Phone Number/Email (optional)	Reason for Attendance	Will you be speaking? Select yes or no
Sabine Zelinski		224-209-9231	Stabur	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Carmen Kelly				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Cynthia Norder		708 292 0282	Stones	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Tina Bria	1257 E. Norman	224 400 0285	Stabur	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
William Van Gien	1505 E. Alison Dr		Stable Resident	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Kirsten Nelson	1461 W. Autumn	310-465-4102	Resident	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
K. DANQUIST	947 SARA	341-0084	RESIDENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
S. D. Bergquist	11	11	YES	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Nicole Oberschmidt			Palatine Stables	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Paul Willemier			Palatine Stables	<input type="checkbox"/> YES <input type="checkbox"/> NO
Synthia Carter	3000 Brookview Palatine	cathabits@aol.com 847-624-3744	Save Palatine	<input type="checkbox"/> YES <input type="checkbox"/> NO
Jim Curzio	2702 Pebblebrook Rolling Meadows Ln	jcurzio@comcast.net	SAVE PALATINE STABLES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Laura Curzio			SAVE PALATINE STABLES!!!!	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO



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JESSIE SKOVARNA	2130 HICKORY LN.	847-312 8870	STABLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
RENNATA SKOVARNA	2130 HICKORY LN	847-312 8872	STABLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
JOHN SCHWARTZ	309 S OAK	847-358-8155	STABLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Kara Palmer			Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Carolyn McGuire	210 N. FRENCH ST	847.987.2625	STABLES who has carb	<input type="checkbox"/> YES <input type="checkbox"/> NO NOT SURE
Tom Gyrberts			Stables	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO



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Name	Address (optional)	Phone Number/Email (optional)	Reason for Attendance	Will you be speaking? Select yes or no
Angela Larson	164 N. Clark Dr.	Nopinkuricans@ yahoo.com	Stables	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO