

10.7.24  
Date (Fecha)  
Amend  
Subject (Titulo de Agenda)

15  
Agenda Item #  
(Numero de agenda)

# REQUEST TO SPEAK IN OPPOSITION

## of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY  
(Por favor escribe legible)

Information provided on this form is part of the public record.  
(La informacion proporcionada en este formulario es parte del registro publico.)

Mark  
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

City (Ciudad) State (Estado) Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any  
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- I would like to speak as an individual. (Me gustaria comentar como individuo.)
- I do not need to speak if the item is approved on consent. (No necesito comentar si el articulo es aprobado.)
- I would like to register my position, but I do not wish to speak. (Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spolce

10/8  
Date (Fecha)  
Prop 6  
Subject (Titulo de Agenda)

15  
Agenda Item #  
(Numero de agenda)

# REQUEST TO SPEAK IN OPPOSITION

## of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY  
(Por favor escribe legible)

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Allegedly Austria  
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

City (Ciudad) State (Estado) Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any  
(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spolce

10/08/24  
Date (Fecha)

15  
Agenda Item #  
(Numero de agenda)

Prop 6  
Subject (Titulo de Agenda)

# REQUEST TO SPEAK IN FAVOR of the RECOMMENDATION(S) (Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY  
(Por favor escriba legible)

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(La informacion proporcionada en este formulario es parte del registro publico.)

Askeri  
First Name (Nombre)

Abdul-Munkhgin  
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State  
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any  
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- I would like to speak as an individual. (Me gustaria comentar como individuo)
- I do not need to speak if the item is approved on consent.  
(No necesito comentar si el articulo es aprobado)
- I would like to register my position, but I do not wish to speak.  
(Me gustaria registrar mi puesto, pero no deseo comentar)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individuals Speaking by  
Phone October 8, 2024**

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15	SUPPORT OF PROPOSITION 6 TO AMEND ARTICLE 1, SECTION 6			
		Paul	TheBold	S
		Consuelo		O
		Truth		O

**"S" indicated the speaker is in support**

**"O" indicated the speaker is in opposition**