

2/28
Date (Fecha)
Consent
Subject (Titulo de Agenda)

File 1-16
Consent
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.)

Audra
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

Spoke

2:27:23

Date (Fecha)

1-16

Agenda Item #
(Numero de agenda)

Maly
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

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Mark
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

92109
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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(No necesito comentar si el articulo es aprobado.)
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

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Spoke

2/28/2023

Date (Fecha)

Consent Cal. 1-18

Agenda Item #

(Numero de agenda)

Consent Calendar # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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CONSUELO

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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(No necesito comentar si el articulo es aprobado.)

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Spoke

2/28/2023
Date (Fecha)

Consent Cal. 1-16
Agenda Item #
(Numero de agenda)

Consent Cal. #4, 5, 6, 9, 10, 11
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

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PAUL
First Name (Nombre)

HENKIN
Last Name (Apellido)

Address (Direccion)

BONITA
City (Ciudad)

CA
State
(Estado)

91902
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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- I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

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Spoke

Individuals Speaking by Phone

February 28, 2023

11	AMENDMENTS TO THE COMPENSATION ORDINANCE			
		Truth		0

"S" indicated the speaker is in support

"0" indicated the speaker is in opposition