

17 Jul 24
Date (Fecha)

Consent
Items 1, 2, 3 -
Agenda Item # 8
(Numero de agenda)

Impediment 1-2-3!
Subject (Título 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)

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

CEGAR

First Name (Nombre)

JAVIER

Last Name (Apellido)

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)

(Rev. 03/23)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke
Spone

7/17/24
Date (Fecha)
* ALL 1 THROUGH 8
Agenda Item #
(Numero de agenda)
CONSENT CALENDAR
Subject (Titulo 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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Michael
First Name (Nombre)
Brando
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

7/17
Date (Fecha)
Consent
Agenda Item #
(Numero de agenda)
Consent
Subject (Titulo 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
First Name (Nombre)
Audra
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):

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(No necesito comentar si el articulo es aprobado.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke
Spoke

17/24
Date (Fecha)

1-8A11
Agenda Item #
(Numero de agenda)

1-8
Subject (Título de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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Hermes
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

Spone

7-17-24
Date (Fecha)

1-8
Agenda Item #
(Numero de agenda)

Consent
Subject (Título 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)

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

Spone

Individuals Speaking by Phone
July 17, 2024

02	ADOPTING RESOLUTIONS DESIGNATING OFFICIAL SIGNATORIES FOR FEDERAL MANAGEMENT			
		Consuelo	C	O
		Truth		O
		Kathleen	Lippitt	S

“S” indicated the speaker is in support
“O” indicated the speaker is in opposition