MAY 24 2022
Date *(Fecha)*

24
Agenda Item #
(Numero de agenda)

REPRODUCTIVE CARE
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)

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

ALAN
First Name *(Nombre)*

C
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

(Rev. 10/16)

Spoke

5/24

Date *(Fecha)*

24+25

Agenda Item # *(Numero de agenda)*

[redacted] Robotics

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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[redacted] | Ruiz

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

Spoke

(Rev. 10/16)

5/24

Date *(Fecha)*

24 +25

Agenda Item # *(Numero de agenda)*

Repo health

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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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 10/16)

May 24 — Date (Fecha)

24 + 25 — Agenda Item # (Numero de agenda)

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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Maggie Morrison

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

Spoke

5/24/2022 — Date (Fecha)

24 + 25 — Agenda Item # (Numero de agenda)

HEALTH

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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MICHAEL — First Name (Nombre)

BRANDO — Last Name (Apellido)

Address (Direccion)

ENCINITAS — City (Ciudad)

CA — 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

DNS

(Rev. 10/16)

May 2 2022 2T +25

Date *(Fecha)* Agenda Item # *(Numero de agenda)*

Reproductive

Subject *(Titulo 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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Mark Dorian

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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

5/24/22 2T +25

Date *(Fecha)* Agenda Item # *(Numero de agenda)*

24 Reproductive Death

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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Christy

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
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(Rev. 10/16)

Spoke

Individuals Speaking by Phone
May 24, 2022

24	**STRENGTHENING ACCESS TO REPRO HEALTH CARE**			
		Vernita	Gutierrez	S
		Paul	Henkin	O
		Judith	Howell	S
		Sandra	Myskowski	S
		Kevin	Stevenson	S
		Robert	Welstand	O
		Truth		O
		Eleanor		O
		Noemi	Abrego	O

"S" indicated the speaker is in support
"O" indicated the speaker is in opposition