8/16/2022
Date *(Fecha)*

5-C
Agenda Item # *(Numero de agenda)*

Adopt Resol. for Authorization
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)

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

Roberto
First Name *(Nombre)*

Velasquez
Last Name *(Apellido)*

3675 Ruffin Rd. #230
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92123
Zip *(Codigo Postal)*

858-268-4432
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

8/16/2022
Date *(Fecha)*

Consent cal.
Agenda Item # *(Numero de agenda)*

Agenda items 1, 2, 4, 5, 16
Subject *(Titulo de Agenda)*

5

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

PAUL
First Name *(Nombre)*

HENKIN
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

619-851-1415
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

8/16/2022
Date *(Fecha)*

ALL H18C
Agenda Item # *(Numero de agenda)*

5

CONSENT - ALL
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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Oliver
First Name *(Nombre)*

Jurst
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.)

In support of item 2

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Spoke

(Rev. 10/16)

8/16
Date *(Fecha)*

1-18
Agenda Item #
(Numero de agenda)

5

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)

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

Andra
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.)

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(Rev. 10/16)

Spoke

Individuals Speaking by Phone
August 16, 2022

05	OLDER ADULT SERVICES REVENUE AGREEMENTS			
		Truth		O

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