

12-10-24  
Date (Fecha)  
CONSENT  
Agenda Item #  
1-28  
(Numero de agenda)  
3740  
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.)

BRYANT  
First Name (Nombre)  
Kimbrough  
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

12/10/24  
Date (Fecha)  
CONSENT CALENDAR  
Agenda Item #  
1-27, 39, 40  
(Numero de agenda)  
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

SPOKE

12-10-24  
Date (Fecha)

1-23 Consent  
39  
40  
Agenda Item #  
(Numero de agenda)

MARY  
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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MARY  
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.)

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(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

12/10  
Date (Fecha)

1-28  
Fire  
39 & 40  
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)

Information provided on this form is part of the public record.  
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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):**

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

12/19/24  
Date (Fecha)

Consent Calendar  
Agenda Item #  
(Numero de agenda)

All items  
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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Consent  
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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\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spore

**Individuals Speaking by  
Phone December 10, 2024**

06	DA - AMEND AND EXTEND EXISTING SINGLE SOURCE CONTRACT FOR ENHANCED CRIMINAL JUSTICE DATA	Paul	The bold	O
		Gambler	Hermis	S

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

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