10/21/2021
Date *(Fecha)*

21
Agenda Item # *(Numero de agenda)*

Voting Drop Boxes
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.)

Mike
First Name *(Nombre)*

Borrello
Last Name *(Apellido)*

2704 Tiburon Ave
Address *(Direccion)*

Carlsbad
City *(Ciudad)*

CA
State *(Estado)*

92010
Zip *(Codigo Postal)*

619-889-5452
Phone Number *(Numero de Telefono)*

None
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.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10-19-2021
Date *(Fecha)*

21
Agenda Item # *(Numero de agenda)*

VOTING CENTERS
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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ALAN
First Name *(Nombre)*

CURRY
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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Spoke

10/19/21

Date *(Fecha)*

21

Agenda Item # *(Numero de agenda)*

#21

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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Cindy

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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19

Date *(Fecha)*

21

Agenda Item # *(Numero de agenda)*

Voter Choice

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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(Por favor escribe legible)

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Jonathan Kryptonite

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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19/21
Date *(Fecha)*

21
Agenda Item # *(Numero de agenda)*

VAC adoption
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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Cindy
First Name *(Nombre)*

Paris
Last Name *(Apellido)*

Address *(Direccion)*

Ramona
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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Spoke

(Rev. 10/16)

21	VOTER'S CHOICE ACT	
Kim	Knox	S
Judith	Howell	S
Jean-Huy	Tran	S
Christopher	Wilson	S