

12-10-24
Date (Fecha)
CONSENT
Agenda Item #
1-28
38
(Numero 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

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

City (Ciudad)
State (Estado)
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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12-10-24
Date (Fecha)

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

many
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

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12/10
Date (Fecha)

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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Allegedly
First Name (Nombre)

1-28
Fire 39 & 40
Consent
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

12/10/24
Date (Fecha)

Consent
Culendor
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)

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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)

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Spoke

12-10-24
Date (Fecha)

34
Agenda Item #
(Numero de agenda)

compensation
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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Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

39	ORDINANCES AMENDING THE COMPENSATION ORDINANCE AND ESTABLISHING COMPENSATION AND AMENDING SECTIONS 492 AND 493			
		Paul	The bold	O
		Gambler	Hermis	S

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition