

5/24
Date (Fecha)

1-20 + Blood district

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

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)

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

5/23/22
Date (Fecha)

6
Lans Canyon
Agenda Item #
(Numero de agenda)

All non DISCUSSION TOPICS
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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J. S. J.
First Name (Nombre)

R. J.
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

6

May 24, 2020

Date (Fecha)

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)

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Mark

First Name (Nombre)

Dorian

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)

Check one box below (Marque una casilla):

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

5-24-22

Date (Fecha)

6

Agenda Item #
(Numero de agenda)

Emergency Shelter Funding

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.
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GREG

First Name (Nombre)

ANGLEA

Last Name (Apellido)

550 W WASHINGTON Ave

Address (Direccion)

Escondido

City (Ciudad)

CA

State
(Estado)

92025

Zip (Codigo Postal)

858-336-4526

Phone Number (Numero de Telefono)

INTERFAITH COMMUNITY SERVICES

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

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(No necesito comentar si el articulo es aprobado)

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(Me gustaria registrar mi puesto, pero no deseo comentar)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Spone

Individuals Speaking by Phone
May 24, 2022

06	APPROVE \$10 MIL CAPITAL EMERGENCY HOUSING SOLUTIONS GRANT			
		Paul	Henkin	O
		Truth		O
		Eleanor		O

“S” indicated the speaker is in support
“O” indicated the speaker is in opposition