

3/11/2025
Date (Fecha)

11
Agenda Item #
(Numero de agenda)

Federal Cuts to Medicaid
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.)

Erin
First Name (Nombre)

Tsurumoto Graesi
Last Name (Apellido)

Address (Direccion)

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

Phone Number (Numero de Telefono)
Alliance San Diego

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

Spalce

3-11-25
Date (Fecha)

11
Agenda Item #
(Numero de agenda)

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

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Spalce

3/11
Date (Fecha)

11
Agenda Item #
(Numero de agenda)

Feds
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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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

3/11/25
Date (Fecha)

11
Agenda Item #
(Numero de agenda)

Federal funded program
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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Consul
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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(No necesito comentar si el articulo es aprobado.)
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

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Spoke

**Individuals Speaking by
Phone March 11, 2025**

11	PROVIDING FEDERALLY FUNDED PROGRAM RECIPIENTS WITH A NOTICE OF FUNDING AT RISK			
		Justin	Castro	O
		Paul	The Bold	S
		Truth		O

"S" indicates the speaker is in support

"O" indicates the speaker is in opposition