10/19/21
Date (Fecha)

ITEM 2
Agenda Item #
(Numero de agenda)

PREVENTING FENTANYL OVERDOSES
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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ALLEN
First Name (Nombre)

JOHNSTON
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.)

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

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/19/21
Date (Fecha)

2
Agenda Item #
(Numero de agenda)

Preventing overdose
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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Child of God
First Name (Nombre)

Last Name (Apellido)

nunya biz
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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Spoke

10/19/21

Date *(Fecha)*

ITEM 2

Agenda Item # *(Numero de agenda)*

ITEM 2 -

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK
IN FAVOR
of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

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DA SUMMER — First Name *(Nombre)*

STEPHAN — Last Name *(Apellido)*

Address *(Direccion)*

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

Phone Number *(Numero de Telefono)*

SAN DIEGO DISTRICT ATTORNEY

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

10/19/21

Date *(Fecha)*

2

Agenda Item # *(Numero de agenda)*

FENTANYL

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK
IN FAVOR
of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

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ROCKY — First Name *(Nombre)*

HERRON — Last Name *(Apellido)*

4640 Vernette D.

Address *(Direccion)*

El Cajon | CA | 92020

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

619-993-0900

Phone Number *(Numero de Telefono)*

SD COUNTY OFFICE of EDUCATION

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

Oct 19 2021

Date *(Fecha)*

2

Agenda Item # *(Numero de agenda)*

OPIOIDS

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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AVN

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
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19

Date *(Fecha)*

2

Agenda Item # *(Numero de agenda)*

Drugs

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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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
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19 #21

Date *(Fecha)*

#2

Agenda Item #
(Numero de agenda)

FORTANYL

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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JASON

First Name *(Nombre)*

ROSO

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

(Rev. 10/16)

02	FENTANYL OVERDOSES	
Diane	Grace	S
Kathleen	Lippitt	S
Barbara	Gordon	S
K.C.	Strang	S
Peggy	Walker	S
Judy	Strang	S
Kelly	McCormick	S
William	Perno	S
Becky	Rapp	S
Carol	Green	S
Megan	Dunn	S
Tara	Stamos-Buesig	S
Noemi	Abrego	S