17 Jul 24

Date *(Fecha)*

Consent Items 1, 2, 3 - 8

Agenda Item # *(Numero de agenda)*

Lumpshup 1-2-3!

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.)*

CESAR — JAVIER

First Name *(Nombre)* — Last Name *(Apellido)*

[redacted]

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*

(Rev. 03/23)

Spoke Spoke

7/17/24 — Date (Fecha)

*ALL 1 THROUGH 8 — Agenda Item # (Numero de agenda)

CONSENT CALENDAR — 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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Michael — First Name (Nombre)

Brando — 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)*:

- [x] 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*

7/17 — Date (Fecha)

Consent — 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**
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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)*

**Check one box below** *(Marque una casilla)*:

- [x] 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
Spoke

7/17/24

Date *(Fecha)*

1-8 A 11

Agenda Item #
*(Numero de agenda)*

1-8

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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Hermes

**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)*:

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☐ I do not need to speak if the item is approved on consent.
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*(Me gustaria registrar mi puesto, pero no deseo comentar.)*

*PLEASE SEE REVERSE FOR SPEAKER'S GUIDE*

Spoke

7-17-24

Date *(Fecha)*

Consent

1-8

Agenda Item #
*(Numero de agenda)*

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)*

**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)*:

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☐ I do not need to speak if the item is approved on consent.
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*(Me gustaria registrar mi puesto, pero no deseo comentar.)*

Spoke

*PLEASE SEE REVERSE FOR SPEAKER'S GUIDE*

Spoke

**Individuals Speaking by Phone**
**July 17, 2024**

| | | | | |
|---|---|---|---|---|
| 05 | AUTHORIZATION TO PROCURE SPECIFICALLY-NAMED PROPRIETARY MOSQUITO LARVICIDE PRODUCTS | | | |
| | | Paul | TheBold | O |
| | | Consuelo | C | O |
| | | Truth | | O |

**"S" indicated the speaker is in support**
**"O" indicated the speaker is in opposition**