10/19
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Guns
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.
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Consuelo
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.)

☐ I request to speak as part of an organized presentation.
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/19/21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Pandering to Minorities
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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Shaun
First Name *(Nombre)*

Fredericksen
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

10/19
Date (Fecha)

1
Agenda Item # (Numero de agenda)

Guns
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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Nathan
First Name (Nombre)

Fletcher
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

OCT 19 2021
Date (Fecha)

1
Agenda Item # (Numero de agenda)

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

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

10/19/2021
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Gun Control
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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Mike
First Name *(Nombre)*

Borello
Last Name *(Apellido)*

2704 Tiburon Ave
Address *(Direccion)*

Carlsbad
City *(Ciudad)*

CA
State *(Estado)*

92010
Zip *(Codigo Postal)*

619-889-5452
Phone Number *(Numero de Telefono)*

None
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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19/21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

2ND Amendment
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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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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/19/21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Ghost Guns
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)

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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)*:

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Spoke

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(Rev. 10/16)

01	GHOST GUNS	
Stephen	Abrams	S
Allison	Anderman	S
Max	Coston	S
Kim	Knox	S
Steve	Lindley	S
Debbie	McDaniel-Lindsey	S
Laura	Minna-Choe	S
Rebecca	Rybczyk	S
Rose Ann	Sharp	S
Lori	Van Orden	S
Robert	Wood	S
Kristin	Francy	O