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

Date *(Fecha)*

Consent 1-8

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)

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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)*:

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke
Spoke

7/17/24

Date *(Fecha)*

CONSENT 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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

7-17-24 | 1-8

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

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

17/24 | 1-8 A 11

Date *(Fecha)* | 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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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Individuals Speaking by Phone
July 17, 2024

FL02	ADOPTING RESOLUTIONS DESIGNATING OFFICIAL SIGNATORIES FOR FEDERAL MANAGEMENT			
		Consuelo	C	O
		Truth		O
		Kathleen	Lippitt	S

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