

5/24
Date (Fecha)

1-20 + Blood district

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)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Audra
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.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

5/23/22
Date (Fecha)

Cons Council
Agenda Item #

(Numero de agenda)

All non Discussion Items
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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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.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spone

May 24, 2020
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)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

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Mark Dorian
First Name (Nombre) Last Name (Apellido)

Address (Direccion)
City (Ciudad) State (Estado) Zip (Codigo Postal)
92109

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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Save

Individuals Speaking by Phone
May 24, 2022

16	RETIREMENT BOARD ELECTION			
		Paul	Henkin	O
		Truth		O
		Eleanor		O

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition