

4/26/22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

#34 definition of gender

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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(La informacion proporcionada en este formulario es parte del registro publico.)

Danielle Salinas

First Name (Nombre)

Salinas

Last Name (Apellido)

263 Dahlia Ave.

Address (Direccion)

Imperial Beach

City (Ciudad)

CA

State (Estado)

91932

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

4/26/22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

34 - PROMOTING SEX CHANGES TO CHILDREN

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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CRAS

First Name (Nombre)

H. VIVAS

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

4/26/22  
Date (Fecha)

34  
Agenda Item #  
(Numero de agenda)

CEDAW  
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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Blake  
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Speaker

4/26/22  
Date (Fecha)

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)

PLEASE PRINT LEGIBLY  
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Ramona  
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Speaker

Date (Fecha) 7/26/2022 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) CE DAW

# 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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First Name (Nombre) Margaret Morrison Last Name (Apellido) \_\_\_\_\_  
Address (Direccion) 4864 Lila Dr  
City (Ciudad) SD Calif State (Estado) \_\_\_\_\_ Zip (Codigo Postal) 82113  
Phone Number (Numero de Telefono) 619 5828651

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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Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) Z Genders

# REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)  
(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY  
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First Name (Nombre) Shawn Last Name (Apellido) Friedvickson  
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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4/24/22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

Implementation of United Nations

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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Cosquebo

First Name (Nombre)

Last Name (Apellido)

Brink

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

Speak

4-26-22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

discrimination against women

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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Abby

First Name (Nombre)

Last Name (Apellido)

19981 elfin forest road

Address (Direccion)

escindito

City (Ciudad)

State  
(Estado)

CA

Zip (Codigo Postal)

760-826-9972

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

Speak

34

4/26/08

Date (Fecha) 4/26/08 Agenda Item # 34  
(Numero de agenda)

Subject (Titulo de Agenda) Discrimination against women

# REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY  
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First Name (Nombre) Gracie Last Name (Apellido) Lisak

Address (Direccion) 19981 Elfin Forest Road

City (Ciudad) Egondito State (Estado) CA Zip (Codigo Postal) 92029

Phone Number (Numero de Telefono) 7608269972

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

4/26/22

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)

Subject (Titulo de Agenda) Discrimination Against Women

# 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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First Name (Nombre) Laura Last Name (Apellido) Lisak

Address (Direccion) 19981 Elfin Forest Rd

City (Ciudad) Egondido State (Estado) CA Zip (Codigo Postal) 92027

Phone Number (Numero de Telefono) 7608269972

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

Date (Fecha) 4/26/22 Agenda Item # 34  
Subject (Titulo de Agenda) Redeigning women & girls

# 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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First Name (Nombre) Aytha Last Name (Apellido) D  
Address (Direccion) 826 Coronado Hills Dr  
City (Ciudad) San Marcos State (Estado) CA Zip (Codigo Postal) 92086

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*

Date (Fecha) 4/26/22 Agenda Item # 34  
Subject (Titulo de Agenda) 34 CEDAW

# 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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First Name (Nombre) Summer Last Name (Apellido) Boyer  
Address (Direccion) Cardiff State (Estado) CA Zip (Codigo Postal) 92007  
City (Ciudad) 700  
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*

4-26-2022

34

Date (Fecha) 4-26-2022 Agenda Item # 34  
(Numero de agenda)

CEDAW

Subject (Titulo de Agenda) CEDAW

# 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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First Name (Nombre) MARY Last Name (Apellido) LORAN

Address (Direccion) 330 13th St Apt 710

City (Ciudad) San Diego State (Estado) CA Zip (Codigo Postal) 92101

Phone Number (Numero de Telefono) 719 209 2622

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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoken

4-26-22

34

Date (Fecha) 4-26-22 Agenda Item # 34  
(Numero de agenda)

CEDAW

Subject (Titulo de Agenda) CEDAW

# 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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First Name (Nombre) Joseph Last Name (Apellido) Vitale

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

Spoken

4-26-22

Date (Fecha)

34

Agenda Item #

Repression of Woman

(Numero de agenda)

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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Louis

First Name (Nombre)

URIDEL

Last Name (Apellido)

500 CADDE WONA

Address (Direccion)

VISTA

City (Ciudad)

CA

State (Estado)

92085

Zip (Codigo Postal)

619.306.3270

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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(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

Speak

4/25/2002

Date (Fecha)

34

Agenda Item #

Discrimination against women

(Numero de agenda)

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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Rachel

First Name (Nombre)

SOCKEN

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

757-435-5097

Phone Number (Numero de Telefono)

State (Estado)

Zip (Codigo Postal)

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.  
(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

Speak



Date (Fecha) April 26, 2022 Agenda Item # 34  
Subject (Titulo de Agenda) Item #34 - UN Agenda EDAW

# 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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First Name (Nombre) Kathleen Last Name (Apellido) Beltramos

Address (Direccion) 3626 Ryan Dr. State (Estado) CA Zip (Codigo Postal) 92025

City (Ciudad) Escondido Phone Number (Numero de Telefono) 760-443-5406

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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- I would like to register my position, but I do not wish to speak. (Me gustaria registrar mi puesto, pero no deseo comentar.)

Date (Fecha) April 28 Agenda Item # 34  
Subject (Titulo de Agenda) women discrimination

# 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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First Name (Nombre) MARK Last Name (Apellido) DARLON

Address (Direccion) \_\_\_\_\_ State (Estado) \_\_\_\_\_ Zip (Codigo Postal) 92109

City (Ciudad) \_\_\_\_\_ 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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1/26/22

Date (Fecha) 1/26/22 Agenda Item # 34  
(Numero de agenda)

THOS

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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THOS

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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

*Spoke*

4/26/22

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)

CEDAW

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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Joseph

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. (No necesito comentar si el articulo es aprobado.)
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

*Spoke*

4/26/22 #34  
Date (Fecha) Agenda Item #  
CEDAW ADOPTION TO INCLUDE MEN AS  
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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Esther Valdes Clayton  
First Name (Nombre) Last Name (Apellido)

1409 4th St  
Address (Direccion)

Coronado CA 92118  
City (Ciudad) State (Estado) Zip (Codigo Postal)

(619) 254-4200  
Phone Number (Numero de Telefono)

Valdes + Associates  
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

4.26.2022 #34  
Date (Fecha) Agenda Item #  
CEDAW  
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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JONATHAN PECK  
First Name (Nombre) Last Name (Apellido)

1895 RANCHO VILLA RD.  
Address (Direccion)

Rancho CA 92065  
City (Ciudad) State (Estado) Zip (Codigo Postal)

818-359-4974  
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

Date (Fecha) 4/26/21 Agenda Item # 34  
(Numero de agenda) CE DAW

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.)

Becca Williams  
First Name (Nombre) Last Name (Apellido)

Address (Direccion) \_\_\_\_\_

City (Ciudad) 704 658 5300 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

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda) CE DAW

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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(La informacion proporcionada en este formulario es parte del registro publico.)

Eleanor \_\_\_\_\_  
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

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) Opposition to UN 2876

# 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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First Name (Nombre) Becky Last Name (Apellido) Gravle  
Address (Direccion) 920 Camino de la Reina  
City (Ciudad) SD State (Estado) CA Zip (Codigo Postal) 92108  
Phone Number (Numero de Telefono) 619-347-8962

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.)

Date (Fecha) April 26, 2022 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) Womans discrimination

# 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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First Name (Nombre) Adrian Last Name (Apellido) Zavagoza  
Address (Direccion) 1708 Galveston Street  
City (Ciudad) San Diego State (Estado) CA Zip (Codigo Postal) 92110  
Phone Number (Numero de Telefono) 619-276-9283

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.)

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)

Subject (Titulo de Agenda) CEDAW

# 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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First Name (Nombre) Sandra Last Name (Apellido) Martinez

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date (Fecha) 4/26 Agenda Item # 34  
(Numero de agenda)

Subject (Titulo de Agenda) CEDAW

# 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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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):

- 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date (Fecha) 4/26/2022

Agenda Item # 34  
(Numero de agenda)

Subject (Titulo de Agenda) CEDAW

# 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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Robert  
First Name (Nombre) Last Name (Apellido) Welstrand

Address (Direccion)

City (Ciudad) State (Estado) Zip (Codigo Postal) 92120

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

Date (Fecha) 4/26/22

Agenda Item # H34  
(Numero de agenda)

Subject (Titulo de Agenda) Ordinance

# 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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Barbara  
First Name (Nombre) Last Name (Apellido) Moore

1744 Harold Rd.  
Address (Direccion)

Escandido  
City (Ciudad) State (Estado) Zip (Codigo Postal) CA 92026

760-208-6674  
Phone Number (Numero de Telefono)

Salt & Light  
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

Date (Fecha) 4/26/2022

Agenda Item # 34  
(Numero de agenda)

CEODAND

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 escriba legible)

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First Name (Nombre) Ryan Last Name (Apellido) Heath

Address (Direccion)

City (Ciudad) \_\_\_\_\_ State (Estado) \_\_\_\_\_ Zip (Codigo Postal) \_\_\_\_\_

Phone Number (Numero de Telefono)

The Gavel Project

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

Speaker

Date (Fecha) 4/26/22

Agenda Item # #34  
(Numero de agenda)

Ordinance on Women

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 escriba legible)

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First Name (Nombre) Linda Last Name (Apellido) Springfield

Address (Direccion) 1318 Ridge Trail

City (Ciudad) Julian State (Estado) CA Zip (Codigo Postal) 92036

Phone Number (Numero de Telefono) 260-705-7664

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

Speaker



Date (Fecha) 4/26/2002 Agenda Item # 34(3)  
Subject (Titulo de Agenda) U.N. CEDAW

# 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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First Name (Nombre) Mary Last Name (Apellido) D.

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*

Date (Fecha) 4/26/2022 Agenda Item # 34  
Subject (Titulo de Agenda) UNITED NATIONS CEDAW

# 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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First Name (Nombre) MICHAEL Last Name (Apellido) BRANDO

Address (Direccion) \_\_\_\_\_

City (Ciudad) ENCINITAS 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*

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) LEDAN

# 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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First Name (Nombre) DRAN Last Name (Apellido) REESE  
Address (Direccion) PO Box 3882  
City (Ciudad) RSF State (Estado) CA Zip (Codigo Postal) 92067

Phone Number (Numero de Telefono) 760 533 8607  
Organization or company, if any The SACT + LIGHT Council  
(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.)

Spoke

Date (Fecha) 05/26/21 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) Biology

# 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.)

First Name (Nombre) Andrew Last Name (Apellido) Kestel  
Address (Direccion) 860 Rising Glen Way  
City (Ciudad) Cockburn State (Estado) CA Zip (Codigo Postal) 92068

Phone Number (Numero de Telefono) 442 206 2092  
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.)

Spoke

4/26/22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

CEDAW

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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(La informacion proporcionada en este formulario es parte del registro publico.)

Baul LEVIN

First Name (Nombre)

Last Name (Apellido)

10225 Caminito Cuervo #151

Address (Direccion)

San Diego

City (Ciudad)

CA

State (Estado)

92108

Zip (Codigo Postal)

~~619-284-8388~~ 888-725-8654

Phone Number (Numero de Telefono)

The Salt & Light Council

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

4-26-22

Date (Fecha)

# 34

Agenda Item #  
(Numero de agenda)

Ordinance Local Implementation CEDAW

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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(La informacion proporcionada en este formulario es parte del registro publico.)

Robert Cotton

First Name (Nombre)

Last Name (Apellido)

21758 Deer Grass Dr.

Address (Direccion)

Escondido

City (Ciudad)

CA

State (Estado)

92029

Zip (Codigo Postal)

760 519 1859

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.

(Solicito comentar como parte de una presentacion organizada.)

Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

4-26-22

# 34

Date (Fecha) 4-26-22  
Agenda Item # # 34  
Ordinance to Provide for the Local  
(Numero de agenda)  
Implementation of the UN Convention (CEDAW)  
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.)

First Name (Nombre) Lana Last Name (Apellido) Cotton  
Address (Direccion) 21758 Deer Grass Dr.  
City (Ciudad) Escondido State (Estado) CA Zip (Codigo Postal) 92029  
Phone Number (Numero de Telefono) 760-519-5294

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. (Solicito comentar como parte de una presentacion organizada.)  
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

SPK

4.26.22

#34

Date (Fecha) 4.26.22  
Agenda Item # #34  
(Numero de agenda)  
Subject (Titulo de Agenda)  
LED AW

# 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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First Name (Nombre) Virginia Last Name (Apellido) GAVEIA BISHOP  
Address (Direccion) 2421 Heatherwood Ct.  
City (Ciudad) Escondido State (Estado) CA Zip (Codigo Postal) 92026  
Phone Number (Numero de Telefono) 760.855.8001

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. (Solicito comentar como parte de una presentacion organizada.)  
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

SPK

04/26/2022  
Date (Fecha)  
Women & girls  
Subject (Título de Agenda)

34  
Agenda Item #  
(Número 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 información proporcionada en este formulario es parte del registro público.)

JUDITH  
First Name (Nombre)  
4021 32nd St.  
Address (Dirección)  
San Diego  
City (Ciudad)  
CA  
State (Estado)  
92104  
Zip (Codigo Postal)

Howell  
Last Name (Apellido)

Planned Parenthood  
Phone Number (Numero de Telefono)  
Organization or company, if any  
(Organización o empresa a la que representa, si corresponde)

- Check one box below (Marque una casilla):
- I would like to speak as an individual. (Me gustaría comentar como individuo.)
  - I do not need to speak if the item is approved on consent. (No necesito comentar si el artículo es aprobado.)
  - I would like to register my position, but I do not wish to speak. (Me gustaría registrar mi puesto, pero no deseo comentar.)

4/26/22  
Date (Fecha)  
CEDAW  
Subject (Título de Agenda)

34  
Agenda Item #  
(Número 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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Malissa  
First Name (Nombre)  
1050 University Ave #E107-84  
Address (Dirección)  
San Diego  
City (Ciudad)  
CA  
State (Estado)  
92103  
Zip (Codigo Postal)

Thomas  
Last Name (Apellido)

619-581-5009  
Phone Number (Numero de Telefono)  
Free to Thrive  
Organization or company, if any  
(Organización o empresa a la que representa, si corresponde)

- Check one box below (Marque una casilla):
- I would like to speak as an individual. (Me gustaría comentar como individuo.)
  - I do not need to speak if the item is approved on consent. (No necesito comentar si el artículo es aprobado.)
  - I would like to register my position, but I do not wish to speak. (Me gustaría registrar mi puesto, pero no deseo comentar.)

Date (Fecha) 4/26/20 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) CEDAW

# 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.)

First Name (Nombre) DIANNE Last Name (Apellido) BELIK  
Address (Direccion) 888 W E STREET UNIT 2601  
City (Ciudad) SP State (Estado) CA Zip (Codigo Postal) 92101  
Phone Number (Numero de Telefono) 404-323-9030

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.)

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Date (Fecha) 4/26/2020 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) THE CEDAW

# 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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First Name (Nombre) Rebecca Last Name (Apellido) Boyer  
Address (Direccion) 1505 Lower Lake Ct  
City (Ciudad) Cadiff by the Sea State (Estado) CA Zip (Codigo Postal) 94007  
Phone Number (Numero de Telefono) 303 818-0839

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.)

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\_\_\_\_\_

4/26/22

34

Date (Fecha) 4/26/22 Agenda Item # 34  
(Numero de agenda)  
Subject (Titulo de Agenda) CEDAW Ordinance

# 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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First Name (Nombre) Melvin Last Name (Apellido) Vasquez  
13034 Avenida Grande  
Address (Direccion) 80 City (Ciudad) CA Zip (Codigo Postal) 92129

Phone Number (Numero de Telefono) 858 294 8804  
Organization or company, if any Attorney, Commissioner  
(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.)

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\_\_\_\_\_

Speak

4.26.2022

434

Date (Fecha) 4.26.2022 Agenda Item # 434  
(Numero de agenda)  
Subject (Titulo de Agenda) CEDAW Ordinance

# 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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First Name (Nombre) Leah Last Name (Apellido) Goodwin  
1442 Seacoast Dr. #8  
Address (Direccion) Imperial Beach City (Ciudad) CA Zip (Codigo Postal) 91932

Phone Number (Numero de Telefono) 619-840-1206  
Organization or company, if any Commission on the Status of Women and Girls  
(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.)

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\_\_\_\_\_

Speak

4.26.22  
Date (Fecha)

34  
Agenda Item #  
(Numero de agenda)

34. ALLOWING MEN INTO WOMEN'S DOMESTIC ABUSE SHELTERS  
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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CHAD  
First Name (Nombre)

H VIVAS  
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.)
- \_\_\_\_\_  
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\_\_\_\_\_

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE



4/26/22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

UN B.S.

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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ASST

Rose

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

4/26/22

Date (Fecha)

34

Agenda Item #  
(Numero de agenda)

CELAN

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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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. (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

**Individuals Speaking by Phone  
April 26, 2022**

34	UNITED NATIONS CEDAW			
	Karla	Alvarado		O
	Meagan	B		O
	Jim	Baize		O
	Deja	Cabrera		S
	Nadia	Farjood		S
	Elke	Gahn		O
	Vernita	Gutierrez		S
	Dana	Hofseth		O
	Kim	Knox		S
	Ashley	Luna		S
	Brittany	Mayer		O
	Karla	Millan		O
	Alexandra	Motz		O
	Melissa	O'Connor		O
	Cindy	Paris		O
	Ashley	Raveche		S
	Annette	Ross		O
	Angela	Serrano		O
	Bob	Siegel		O
	Allyson	Smith		O
	Kevin	Stevenson		S
	Vicki	Whitmire		O
	Truth			O
	Noemi	Abrego		O

“S” indicated the speaker is in support  
“O” indicated the speaker is in opposition