

10/8/24
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

PROPERTY TAX ALLOCATION/VALLEY CANTON
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.)

Jon Vick
First Name (Nombre) Last Name (Apellido)

[Redacted]

Address (Direccion)
[Redacted]

City (Ciudad) State (Estado) Zip (Codigo Postal)
[Redacted]

Phone Number (Numero de Telefono)
[Redacted]

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)

P.

Spoke

Oct. 8, 2024
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

VCFPD allotment/Regime/Fire Fund
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.)

LAVONNE Norwood
First Name (Nombre) Last Name (Apellido)

[Redacted]

Address (Direccion)
[Redacted]

City (Ciudad) State (Estado) Zip (Codigo Postal)
[Redacted]

Phone Number (Numero de Telefono)
[Redacted]

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

10/8/24

Date (Fecha)

9

Agenda Item #
(Numero de agenda)

Regional Fire Funds

Subject (Titulo de Agenda)

Property tax allocation

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.)

Mary Hope

First Name (Nombre)

Hodson

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

10-8-24

Date (Fecha)

9

Agenda Item #
(Numero de agenda)

Regional Fire Funds & property tax allocation

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.)

Karen

First Name (Nombre)

Lieber

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

10/8/2024

9

Date (Fecha)

Agenda Item #
(Numero de agenda)

Regional Fire Funding

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.)

Robert

Littlejohn

First Name (Nombre)

Last Name (Apellido)

[Redacted]

Address (Direccion)

[Redacted]

City (Ciudad)

State

Zip (Codigo Postal)

[Redacted]

(Estado)

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

10/8/2024

9

Date (Fecha)

Agenda Item #
(Numero de agenda)

Regional Fire Fund

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.)

Michael

O'Connor

First Name (Nombre)

Last Name (Apellido)

[Redacted]

Address (Direccion)

[Redacted]

City (Ciudad)

State

Zip (Codigo Postal)

[Redacted]

(Estado)

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

10/3/2024
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

Regional Fire Funding, TAX
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.)

JOE
First Name (Nombre)
NAPIER
Last Name (Apellido)

[Redacted]

Address (Direccion)
[Redacted]

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

Phone Number (Numero de Telefono)

Fire Chief, Valley Center Fire
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

10/8/24
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

Regional Fire Funding
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.)

DORI
First Name (Nombre)
Ratray
Last Name (Apellido)

[Redacted]

Address (Direccion)
[Redacted]

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

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.)

Spoke

October 8, 2024

Date (Fecha)

9

Agenda Item #
(Numero de agenda)

Regional Fire Fund

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.)

J. PATRICK

MALLOY

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

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

8 October 24

Date (Fecha)

9

Agenda Item #
(Numero de agenda)

Property Tax Allocation - Valley Center

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.)

Steve Hutchison

Hutchison

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

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

10-8-24

9

Date (Fecha)

Agenda Item #
(Numero de agenda)

Regional Fire Funding
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.)

Alma Plancante
First Name (Nombre) Last Name (Apellido)

[Redacted]

Address (Direccion)

[Redacted]

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

[Redacted]

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

10/8/24

9

Date (Fecha)

Agenda Item #
(Numero de agenda)

REGIONAL FIRE FUNDING
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.)

CHRIS BARBER
First Name (Nombre) Last Name (Apellido)

[Redacted]

Address (Direccion)

[Redacted]

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

[Redacted]

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

10/8/24

Date (Fecha)

9

Agenda Item #
(Numero de agenda)

VC Tax Additions

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.)

John
First Name (Nombre)

YEAGER
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

Zip (Codigo Postal)

(Estado)

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

8 Oct 2024

Date (Fecha)

9

Agenda Item #
(Numero de agenda)

9 Property Tax Allocation

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.)

Ronald
First Name (Nombre)

Duff
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

Zip (Codigo Postal)

(Estado)

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

10-7-24
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

Fire
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.)

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):

- 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

Spokee

10/8/24
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

APPORTIONMENT
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.)

MICHAEL PACHECO
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

Spokee

10/08/2024
Date (Fecha)

#9
Agenda Item #
(Numero de agenda)

Valley Center Center
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.)

BON
First Name (Nombre)
McCowan
Last Name (Apellido)

[Redacted]
Address (Direccion)

[Redacted]
City (Ciudad) State Zip (Codigo Postal)

[Redacted] tado)

[Redacted]
Phone Number (Numero de Telefono)

MC PUSD
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

October 8, 2024
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

Property tax Allocation and funding for
Subject (Titulo de Agenda) fire Protection in Unincorporated Comm.

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.)

Fabiola
First Name (Nombre)
Cusman
Last Name (Apellido)

[Redacted]
Address (Direccion)

[Redacted]
City (Ciudad) State Zip (Codigo Postal)

[Redacted] (Estado)

[Redacted]
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)

Spoke

10/8/24
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

Valley Center Tax Allocation
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.)

ISM
First Name (Nombre)

Stinson
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Asm Marie Waldron
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

10/8/24
Date (Fecha)

9
Agenda Item #
(Numero de agenda)

Tax Apportionment
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.)

LAURA
First Name (Nombre)

Maloney
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

Date (Fecha)

10/8/2024

Agenda Item #

9

(Numero de agenda)

Subject (Titulo de Agenda)

Allocation for Fire Protection

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)

Oliver

Last Name (Apellido)

Twist

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)

10/8

Agenda Item #

9

(Numero de agenda)

Subject (Titulo de Agenda)

Fire

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)

Allegeshy Adra

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

**Individuals Speaking by
Phone October 8, 2024**

09	PROPERTY TAX ALLOCATIONS AND FUNDING FOR FIRE PROTECTION IN UNINCORPORATED COMMUNITIES			
		Paul	TheBold	S
		Consuelo		O
		Omar	Ali	S
		Truth		O

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition