

12-10-24  
Date (Fecha)  
CONSENT  
Agenda Item #  
1-28  
38  
(Numero 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.)

BRYANT  
First Name (Nombre)  
Kimbrough  
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

12/10/24  
Date (Fecha)  
ALL CONSENT  
Agenda Item #  
1-27, 39, 40  
(Numero de agenda)

## REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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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

12-10-24  
Date (Fecha)

1-28 Consent  
Agenda Item #  
(Numero de agenda)

many  
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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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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

12/10  
Date (Fecha)

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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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

12/10/24  
Date (Fecha)

Consent  
Culender  
Agenda Item #  
(Numero de agenda)

All items  
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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Consent  
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.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spore

Individuals Speaking by  
Phone December 10, 2024

|    |                                                                                                                  |         |        |   |
|----|------------------------------------------------------------------------------------------------------------------|---------|--------|---|
| 23 | DELEGATION OF INVESTMENT<br>AUTHORITY TO THE TREASURER TAX<br>COLLECTOR AND APPROVAL OF THE<br>INVESTMENT POLICY |         |        |   |
|    |                                                                                                                  | Gambler | Hermis | S |

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition