09/27/2022
Date (Fecha)

9
Agenda Item # (Numero de agenda)

Child Care Shared Services Alliance
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)

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Ziker
First Name (Nombre)

Calderon
Last Name (Apellido)

180 Otay Lakes #300
Address (Direccion)

Bonita
City (Ciudad)

CA
State (Estado)

92102
Zip (Codigo Postal)

(760) 455-7360
Phone Number (Numero de Telefono)

Child Development 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

09/27/2022
Date (Fecha)

9
Agenda Item # (Numero de agenda)

Child Care Shared Services Alliance
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)

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Courtney
First Name (Nombre)

Baltzysberg
Last Name (Apellido)

2929 Meade Ave
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92116
Zip (Codigo Postal)

619-395-0460
Phone Number (Numero de Telefono)

YMCA CRS
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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(Me gustaria registrar mi puesto, pero no deseo comentar)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

9

9/27/2022
Date *(Fecha)*

1-19 & IA01 Consent Calendar
Agenda Item # *(Numero de agenda)*

13, 17, 12, 2, 3, 5, 6, 7, 8, 9, 18
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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PAUL
First Name *(Nombre)*

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Spoke

9/27/2022
Date *(Fecha)*

F-19 + JA01 & CONSENT CALENDAR
Agenda Item #
(Numero de agenda)

9

CONSENT CALENDAR
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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(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)

Check one box below ***(Marque una casilla)*:**

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 10/16)

9

9/27
Date *(Fecha)*

HHS 1-19
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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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)*:

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(Rev. 10/16)

Spoke

9/27/2022
Date *(Fecha)*

1-19 & JA01
Consent Calendar
Agenda Item # *(Numero de agenda)*

9

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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CONSUELO
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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(Me gustaria registrar mi puesto, pero no deseo comentar)

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(Rev. 10/16)

Individuals Speaking by Phone
September 27, 2022

09	CHILD CARE SHARED SERVICES ALLIANCE PROGRAM			
		Truth		O
		Armando	Sepulveda II	S

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