

10.22.24
Prop 35

32
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
(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.)

Ma R

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

Spolce

10/22
Prop 35

32
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)

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Allegedly Austin

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

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

10/22/2024
Date (Fecha)

32
Agenda Item #
(Numero de agenda)

Prop 35
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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Judy
First Name (Nombre) Vaughn
Last Name (Apellido)

Address (Direccion)

City (Ciudad) CA 92104
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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Spoke

10/22/24
Date (Fecha)

32
Agenda Item #
(Numero de agenda)

Support Prop 35
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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Chris
First Name (Nombre) Roberts
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
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10/22/24
Date (Fecha)

32
Agenda Item #
(Numero de agenda)

Adopt Resolution in Support of prop 35
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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(Por favor escriba legible)

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KAT
First Name (Nombre)

TESSERO
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)

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

**Individuals Speaking by
Phone October 22, 2024**

32	ADOPT RESOLUTION IN SUPPORT OF PROPOSITION 35 AND WAIVE BOARD POLICY A-72			
		Consuelo	C	O
		Truth		O
		Kira	Pegues	S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition