

3/15/22

11

Date (Fecha)

Agenda Item #
(Numero de agenda)

Alt to Incarceration

Subject (Título 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.)

Crystal

First Name (Nombre)

Irving

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

58122

MAR 8 2022

17

Date (Fecha)

Agenda Item #
(Numero de agenda)

SAIC
Subject (Título 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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Acra
First Name (Nombre)

C
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

91910
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.)

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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

Seale

3/15/22

17

Date (Fecha)

Agenda Item #
(Numero de agenda)

data

Subject (Título 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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Andra

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

92028

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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(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

3/15/21
Date (Fecha)

17
Agenda Item #
(Numero de agenda)

ART. INCARCATION.
Subject (Título 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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J. Ason
First Name (Nombre)

Ros
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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(No necesito comentar si el articulo es aprobado.)

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

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SPR

Individuals Speaking by Phone
March 15, 2022

17	DATA DRIVEN APPROACHES			
		Warsan	Artan	S
		Maya	De La Torre	S
		Safia	Haidari	S
		Consuelo	Henkin	O
		Paul	Henkin	O
		Glen	Hilton	S
		Oscar	Rendon	S
		Katheryn	Rhodes	S
		Robin	Sales	S
		Truth		O

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition