Tuesday, August 31, 2021			
Item	Subject	First	Last
15	ADVANCING FEDERAL ADVOCACY EFFORTS		
		Amanda	Mascia

AUG 31

Date *(Fecha)*

~~8~~ 15

Agenda Item # *(Numero de agenda)*

~~COMMUNICATION RECEIVED~~ FEDERAL ADVOCACY

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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KYLE

First Name *(Nombre)*

KEMPER

Last Name *(Apellido)*

9 KOME AVE

Address *(Direccion)*

CARLSBAD

City *(Ciudad)*

CA

State *(Estado)*

92008

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.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

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(Rev. 10/16)

8/31/21

Date *(Fecha)*

15

Agenda Item # *(Numero de agenda)*

AFAE

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)*

Morgan

Last Name *(Apellido)*

Address *(Direccion)*

SD

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

SD STORM

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

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(Rev. 10/16)

8/31/21

Date *(Fecha)*

15

Agenda Item # *(Numero de agenda)*

Advancing Federal Advocacy Efforts

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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Sandra

First Name *(Nombre)*

Martinez

Last Name *(Apellido)*

3553 Hastings Dr

Address *(Direccion)*

Carlsbad

City *(Ciudad)*

CA

State *(Estado)*

92010

Zip *(Codigo Postal)*

760 207 2813

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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SP #1

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(Rev. 10/16)

8/31/21

Date *(Fecha)*

15

Agenda Item # *(Numero de agenda)*

NICO Federal Adv.

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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Eli

First Name *(Nombre)*

Konai

Last Name *(Apellido)*

Address *(Direccion)*

San Diego

City *(Ciudad)*

CA

State *(Estado)*

92115

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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SP #2

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8/31/21
Date *(Fecha)*

15
Agenda Item # *(Numero de agenda)*

Federal Advocacy
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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Anna
First Name *(Nombre)*

Leigh
Last Name *(Apellido)*

3504 Secluded Ln
Address *(Direccion)*

Fall
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.)*

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