Tuesday, August 31, 2021

Item	Subject	First	Last
11	AUTHORIZATION TO JOIN COMMUNITY CHOICE ENERGY JOINT POWERS AUTHO		
		Bruce	Bekkar, MD
		Barbara	Boswell
		Karinna	Gonzalez
		Tara	Hammond
		Joyce	Lane
		Shelah	Ott
		Carolyn	Scofield
		Rick	Bates
		Vanessa	Garcia
		Vi	Nguyen

8/31

Date *(Fecha)*

11

Agenda Item # *(Numero de agenda)*

CEJPA

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.
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KYLE

First Name *(Nombre)*

KEMPER

Last Name *(Apellido)*

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

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/31/21

Date *(Fecha)*

11

Agenda Item # *(Numero de agenda)*

Authorization to join Community Choice Energy

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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Joe

First Name *(Nombre)*

Mosca

Last Name *(Apellido)*

Address *(Direccion)*

Encinitas

City *(Ciudad)*

CA

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

San Diego Community Power

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

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Spoke

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8/31/21
Date *(Fecha)*

11
Agenda Item #
(Numero de agenda)

CCE
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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Matthew
First Name *(Nombre)*

Vasilchis
Last Name *(Apellido)*

Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Climate Action Campaign
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

Spoke

(Rev. 10/16)

8/31/21
Date *(Fecha)*

11
Agenda Item #
(Numero de agenda)

Join a CCE
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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Cristina
First Name *(Nombre)*

Marquez
Last Name *(Apellido)*

Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92123
Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

IBEW 569
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

(Rev. 10/16)

8/31/21
Date *(Fecha)*

11
Agenda Item # *(Numero de agenda)*

Energy
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)*

S.D.
City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

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

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SPEAK

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(Rev. 10/16)