9/14/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Rights
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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Alexia
First Name (Nombre)

Rodriguez
Last Name (Apellido)

725 Paseo Palmas, Vista
Address (Direccion)

Vista
City (Ciudad)

CA
State (Estado)

92084
Zip (Codigo Postal)

(619)920-8367
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.
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☐ o speak as part of an organized presentation.
r como parte de una presentacion organizada.)
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tantive testimony. Organized presentations are at the
Please attach speaker slips for all speakers.

EVERSE FOR SPEAKER'S GUIDE

9/14
Date (Fecha)

3
Agenda Item # (Numero de agenda)

County of SD becoming a champion for reproductive freedo
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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Becky
First Name (Nombre)

Heinrichs
Last Name (Apellido)

2647 Kildare Way
Address (Direccion)

El Cajon
City (Ciudad)

CA
State (Estado)

92020
Zip (Codigo Postal)

619 838-7396
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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

09/14/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

San Diego Reproductive Freedom
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)

KOMAI
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 10/16)

9/14/21
Date (Fecha)

3
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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Leela
First Name (Nombre)

Harris
Last Name (Apellido)

Address (Direccion)

Poway
City (Ciudad)

CA
State (Estado)

92064
Zip (Codigo Postal)

858-733-1078
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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Spoke

(Rev. 10/16)

9/14/21 — Date (Fecha)

#3 — Agenda Item # (Numero de agenda)

Item #3 Declaration — 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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Mary — First Name (Nombre)

Bones — Last Name (Apellido)

5184 Renaissance Ave — Address (Direccion)

SD — City (Ciudad)

CA — State (Estado)

92123 — Zip (Codigo Postal)

(8)5253316 — Phone Number (Numero de Telefono)

Birthline — 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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

9-14-21 — Date (Fecha)

3 — Agenda Item # (Numero de agenda)

Reproductive Freedom — 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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Floyd — First Name (Nombre)

Willis — Last Name (Apellido)

350 Palomar St. — Address (Direccion)

Chula Vista — City (Ciudad)

CA — State (Estado)

9911 — Zip (Codigo Postal)

619-514-6638 — Phone Number (Numero de Telefono)

Non P — 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.
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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

9/14/2021 — Date (Fecha)

3 — Agenda Item # (Numero de agenda)

Ht 3 Declaration of SD — Subject (Titulo 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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Kim — First Name (Nombre)

Ip — Last Name (Apellido)

PO Box 7193 — Address (Direccion)

Rancho Santa Fe — City (Ciudad)

CA — State (Estado)

92067 — Zip (Codigo Postal)

858-148-0482 — 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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

14 FEB 2021 — Date (Fecha)

#3 — Agenda Item # (Numero de agenda)

SD AS "CHAMPION OF REP FREEDOM" — Subject (Titulo 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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ANDRES — First Name (Nombre)

WONG — Last Name (Apellido)

1420 HILLTOP DRIVE — Address (Direccion)

CHULA VISTA — City (Ciudad)

CA — State (Estado)

91911 — Zip (Codigo Postal)

619.754.5622 — Phone Number (Numero de Telefono)

40 DAYS FOR LIFE — 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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

9-14-21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

S.D. champion
Subject (Titulo 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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Kristin
First Name (Nombre)

Francy
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

858-722-5958
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/14/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

San Diego Haven for abortion
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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Leanne
First Name (Nombre)

Matthesius
Last Name (Apellido)

8485 Hinterland drive
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92127
Zip (Codigo Postal)

+1 8588901403
Phone Number (Numero de Telefono)

Anaheim church
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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(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

SD County Champion Reopening the Kids
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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Art
First Name *(Nombre)*

Hodges
Last Name *(Apellido)*

395 D Str
Address *(Direccion)*

Chula Vista
City *(Ciudad)*

CA
State *(Estado)*

91910
Zip *(Codigo Postal)*

619-206-1600
Phone Number *(Numero de Telefono)*

South Bay Pentecostal Church
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)

Sept 14, 2021
Date *(Fecha)*

#3
Agenda Item # *(Numero de agenda)*

Item 3 - Safe Heaven
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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Katy
First Name *(Nombre)*

Yeager
Last Name *(Apellido)*

Address *(Direccion)*

Coronado
City *(Ciudad)*

CA
State *(Estado)*

92118
Zip *(Codigo Postal)*

817-296-6150
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)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Agenda Item 3
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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Jenne Bryant
First Name *(Nombre)* **Last Name** *(Apellido)*

2521 Morena Blvd #14 SD 92117
Address *(Direccion)*

San Diego CA 92117
City *(Ciudad)* **State** *(Estado)* **Zip** *(Codigo Postal)*

949 395 8093
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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Spoke

(Rev. 10/16)

Sept. 14, 2021
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Resolution on Reproductive Freedom
Subject *(Titulo 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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Catherine Pearson
First Name *(Nombre)* **Last Name** *(Apellido)*

973 Manor Way
Address *(Direccion)*

San Diego CA 92106
City *(Ciudad)* **State** *(Estado)* **Zip** *(Codigo Postal)*

619-213-2513
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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Spoke

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

~~Item~~ Reproductive Rights
Subject *(Titulo 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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Zack
First Name *(Nombre)*

Gilman
Last Name *(Apellido)*

4980 Pine Street
Address *(Direccion)*

La Mesa
City *(Ciudad)*

CA
State *(Estado)*

91942
Zip *(Codigo Postal)*

(845) 430-7958
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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Spoke

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Agenda #3 reproduction
Subject *(Titulo 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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Danielle
First Name *(Nombre)*

Salinas
Last Name *(Apellido)*

Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92109
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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Spoke

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

S.D. TO BE NAMED. REPRODUCTIVE RIGHTS MATTER
Subject *(Titulo 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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STEPHANIE
First Name *(Nombre)*

KOURIE
Last Name *(Apellido)*

6223 AVENIDA FLORESTA
Address *(Direccion)*

RANCHO SANTA FE
City *(Ciudad)*

CA
State *(Estado)*

92067
Zip *(Codigo Postal)*

858-342-6445
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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Declare County of San Diego Sanctuary
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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Zebadiah
First Name *(Nombre)*

Hutchison
Last Name *(Apellido)*

5614 Red River Drive
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92120
Zip *(Codigo Postal)*

206-473-0587
Phone Number *(Numero de Telefono)*

My Family
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.**
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/14/2021
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Declaring the County of SD a champion
Subject *(Titulo de Agenda)* for reproductive freedom

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Aida
First Name *(Nombre)*

Estrada
Last Name *(Apellido)*

13364 Birch Tree Lane
Address *(Direccion)*

Poway
City *(Ciudad)*

CA
State *(Estado)*

92064
Zip *(Codigo Postal)*

858-888-5162
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.**
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Spoke

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Reproductive Freedom
Subject *(Titulo 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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Stephanie
First Name *(Nombre)*

Struble
Last Name *(Apellido)*

11525 La Gracia
Address *(Direccion)*

Rancho Santa Fe
City *(Ciudad)*

CA
State *(Estado)*

92067
Zip *(Codigo Postal)*

443 742 9760
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

9/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Champion of Reproductive Rights

Subject *(Titulo 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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Mariel — **First Name** *(Nombre)*

Kyd — **Last Name** *(Apellido)*

17993 Highlands Ranch Terr

Address *(Direccion)*

Poway — **City** *(Ciudad)*

CA — **State** *(Estado)*

92064 — **Zip** *(Codigo Postal)*

619 857-1170

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.**
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Spoke

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(Rev. 10/16)

9/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Reproductive Freedom

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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Sandra — **First Name** *(Nombre)*

Martinez — **Last Name** *(Apellido)*

3553 Hastings Dr.

Address *(Direccion)*

Carlsbad — **City** *(Ciudad)*

CA — **State** *(Estado)*

92010 — **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.)

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Spoke

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(Rev. 10/16)

9/14/2021
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Agenda #3 Declaration of Support of Abortion
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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Leslie
First Name *(Nombre)*

Carrillo
Last Name *(Apellido)*

833 Jacaranda Place
Address *(Direccion)*

Escondido
City *(Ciudad)*

Ca
State *(Estado)*

92026
Zip *(Codigo Postal)*

760 · 807 · 6323
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.)

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Spoke

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Killing Babies For $
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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Shawn
First Name *(Nombre)*

Fredericksen
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

760 525 2221
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.
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(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Champion of Reproductive Rights
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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SHAUN
First Name *(Nombre)*

FREDERICKSON
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

California's Unstoppable Liberty
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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Abortion
Subject *(Titulo 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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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. SJ-ORM.
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)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Reproductive Rights
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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Joseph — **First Name** *(Nombre)*
Weber — **Last Name** *(Apellido)*

25152 E. Old Julian Hwy
Address *(Direccion)*

Ramona — **City** *(Ciudad)*
CA — **State** *(Estado)*
92065 — **Zip** *(Codigo Postal)*

858-776-2531
Phone Number *(Numero de Telefono)*

Californians United for Liberty
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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Spoke

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Reproductive Rights
Subject *(Titulo 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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Audrea — **First Name** *(Nombre)*
Morgan — **Last Name** *(Apellido)*

Address *(Direccion)*

S.D. — **City** *(Ciudad)*
State *(Estado)*
Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

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

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Spoke

(Rev. 10/16)

9/14/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Rights
Subject (Titulo 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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Gracie
First Name (Nombre)

Paris
Last Name (Apellido)

25152 E Old Julian Hwy
Address (Direccion)

Ramona
City (Ciudad)

CA
State (Estado)

92065
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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(Rev. 10/16)

09-14-21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Rights
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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Joselyn
First Name (Nombre)

Paris
Last Name (Apellido)

25152 East Old Julian Hwy
Address (Direccion)

Ramona
City (Ciudad)

CA
State (Estado)

92065
Zip (Codigo Postal)

Phone Number (Numero de Telefono)
(760) - 499 - 2801

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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Spoke

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(Rev. 10/16)

9-14-21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Freedom
Subject (Titulo 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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Robert
First Name (Nombre)

Cotton
Last Name (Apellido)

21758 Deer Grass Dr.
Address (Direccion)

Escondido
City (Ciudad)

CA
State (Estado)

92029
Zip (Codigo Postal)

760 579 1857
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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Spoke

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(Rev. 10/16)

9/14/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Right
Subject (Titulo 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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Cindy
First Name (Nombre)

Paris
Last Name (Apellido)

25152 E Old Julian Hwy
Address (Direccion)

Ramona
City (Ciudad)

CA
State (Estado)

92065
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.
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Spoke

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(Rev. 10/16)

9/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Reproductive Freedom

Subject *(Titulo 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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Jasmine

First Name *(Nombre)*

Wilson

Last Name *(Apellido)*

3525 Lebon Dr

Address *(Direccion)*

San Diego

City *(Ciudad)*

CA

State *(Estado)*

92122

Zip *(Codigo Postal)*

(858) 204-6885

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.
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Spoke

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(Rev. 10/16)

9-14-21

Date *(Fecha)*

#3

Agenda Item # *(Numero de agenda)*

Reproductive Freedom

Subject *(Titulo 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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Lana

First Name *(Nombre)*

Cotton

Last Name *(Apellido)*

21758 Deer Grass Dr.

Address *(Direccion)*

Escondido

City *(Ciudad)*

CA

State *(Estado)*

92029

Zip *(Codigo Postal)*

760-519-5294

Phone Number *(Numero de Telefono)*

N/A

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.)

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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Agenda 3

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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Caleb — **First Name** *(Nombre)*

Dominguez — **Last Name** *(Apellido)*

2320 Greenbriar Dr Unit D

Address *(Direccion)*

Chula Vista — **City** *(Ciudad)*

CA — **State** *(Estado)*

91915 — **Zip** *(Codigo Postal)*

619 254 2021

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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Reproductive Freedom

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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Robert — **First Name** *(Nombre)*

Welstand — **Last Name** *(Apellido)*

4414 Longshore Way

Address *(Direccion)*

San Diego — **City** *(Ciudad)*

CA — **State** *(Estado)*

92130 — **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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9/14/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Declaration
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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Cecilia
First Name (Nombre)

Haynor
Last Name (Apellido)

3823 Via Reposo
Address (Direccion)

Rancho Santa Fe
City (Ciudad)

CA
State (Estado)

92091
Zip (Codigo Postal)

858-756-9220
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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Spoke

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(Rev. 10/16)

9/14/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

REPRODUCTIVE HEALTH
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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KRYSTINA
First Name (Nombre)

BAEZ
Last Name (Apellido)

5538 RILEY ST
Address (Direccion)

SAN DIEGO
City (Ciudad)

CA
State (Estado)

92110
Zip (Codigo Postal)

714 277 5025
Phone Number (Numero de Telefono)

SAN DIEGO REFORMED CHURCH
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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Spoke

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09.14.21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Declaration of San Diego County...
Subject (Titulo 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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Crystal
First Name (Nombre)

Irwin
Last Name (Apellido)

8745 Rhodes Ct.
Address (Direccion)

Santee
City (Ciudad)

CA
State (Estado)

92071
Zip (Codigo Postal)

619-823-4827
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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Spoke

(Rev. 10/16)

9-14-2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

REPRODUCTIVE RIGHTS
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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JOAN
First Name (Nombre)

PERNICANO
Last Name (Apellido)

9915 DICHONDRA CT.
Address (Direccion)

SAN DIEGO
City (Ciudad)

CA
State (Estado)

92131
Zip (Codigo Postal)

858 271-6727
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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Spoke

(Rev. 10/16)

9/14/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproduction Freedom Opposed
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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Jenn
First Name (Nombre)

Miller
Last Name (Apellido)

6983 Rodeway Dr.
Address (Direccion)

Carlsbad
City (Ciudad)

CA
State (Estado)

92011
Zip (Codigo Postal)

480-753-3885
Phone Number (Numero de Telefono)

Self
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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(Rev. 10/16)

9-14-21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Freedom
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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Jennifer
First Name (Nombre)

Miller
Last Name (Apellido)

P.O. Box 1052
Address (Direccion)

Rancho Santa Fe
City (Ciudad)

CA
State (Estado)

92067
Zip (Codigo Postal)

407-506-2885
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)

9/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

REPRO RIGHTS FREEDOM

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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JASON

First Name *(Nombre)*

ROSS

Last Name *(Apellido)*

Address *(Direccion)*

RAMONA

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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Spoke

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(Rev. 10/16)

9-14-21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

San Diego Champion for Reproductive rights

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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Renee

First Name *(Nombre)*

GraceFFa

Last Name *(Apellido)*

671 Philtn Dr.

Address *(Direccion)*

Ramona

City *(Ciudad)*

CA

State *(Estado)*

92065

Zip *(Codigo Postal)*

949 939 3455

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)

9-14-2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

S.D. Champlain Reproductive rights
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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Maureen
First Name (Nombre)

Austin
Last Name (Apellido)

24408 Novato Place
Address (Direccion)

Ramona
City (Ciudad)

CA
State (Estado)

92065
Zip (Codigo Postal)

760-789-2710
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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Spoke

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(Rev. 10/16)

09/14/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Abortion country
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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~~Connie~~ Connie
First Name (Nombre)

Poland
Last Name (Apellido)

17132 Highland Meadow Ct
Address (Direccion)

Ramona
City (Ciudad)

CA
State (Estado)

92065
Zip (Codigo Postal)

760-500-2843
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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Spoke

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(Rev. 10/16)

14 Sept 21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Champion for Reproductive Freedom
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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Greg
First Name *(Nombre)*

Butler
Last Name *(Apellido)*

1620 Valleba Lane
Address *(Direccion)*

Encinitas
City *(Ciudad)*

CA
State *(Estado)*

92024
Zip *(Codigo Postal)*

760-822-4019
Phone Number *(Numero de Telefono)*

Your Life Began At Conception Inc.
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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Spoke

(Rev. 10/16)

9/14/21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Abortion
Subject *(Titulo 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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Diane
First Name *(Nombre)*

Chapman
Last Name *(Apellido)*

24467 Rutherford
Address *(Direccion)*

Ramona
City *(Ciudad)*

CA
State *(Estado)*

Zip *(Codigo Postal)*

619 401 1858
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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Spoke

(Rev. 10/16)

9/14/2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

"HEALTH" ACCESS RESOLUTION
Subject (Titulo 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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MICHAEL
First Name (Nombre)

BRANDO
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

214-649-5559
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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Spoke

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(Rev. 10/16)

11/14/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive rights.
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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Blake
First Name (Nombre)

Wimberly
Last Name (Apellido)

12701 Lindo Ln.
Address (Direccion)

Lakeside
City (Ciudad)

CA
State (Estado)

92046
Zip (Codigo Postal)

619-922-7476
Phone Number (Numero de Telefono)

San diego reformed church.
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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Spoke

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(Rev. 10/16)

9/14/21
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Reproductive Freedom
Subject (Titulo 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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Nathan
First Name (Nombre)

Chapman
Last Name (Apellido)

P.O. Box 2036
Address (Direccion)

Imperial Beach
City (Ciudad)

CA
State (Estado)

91933
Zip (Codigo Postal)

925-381-1935
Phone Number (Numero de Telefono)

End Abortion San Diego
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.)
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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/19)

14 Sep 2021
Date (Fecha)

3
Agenda Item # (Numero de agenda)

Opposition to Proposal
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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Carol Marie
First Name (Nombre)

Siedenburg
Last Name (Apellido)

525 W El Norte, #199
Address (Direccion)

Escondido
City (Ciudad)

CA
State (Estado)

92026
Zip (Codigo Postal)

(530) 412-1573
Phone Number (Numero de Telefono)

Silent No More
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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Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/19)

9/14/2021
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Health Access Reproductive Freedom
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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Eugene
First Name *(Nombre)*

Neal
Last Name *(Apellido)*

16118 Green Valley Truck Trail
Address *(Direccion)*

Ramona
City *(Ciudad)*

CA
State *(Estado)*

92065
Zip *(Codigo Postal)*

(760) 201 6235
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

9-14-21
Date *(Fecha)*

3
Agenda Item # *(Numero de agenda)*

Reproductive
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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Louis (Lew-is)
First Name *(Nombre)*

Uribe
Last Name *(Apellido)*

318 N. Horne St
Address *(Direccion)*

Oceanside
City *(Ciudad)*

CA
State *(Estado)*

92054
Zip *(Codigo Postal)*

619.306.3278
Phone Number *(Numero de Telefono)*

Metroflex Gym
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

09/14/21

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Champions Declaration

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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Andrew — **First Name** *(Nombre)*

Prakash — **Last Name** *(Apellido)*

2360 Rising Glen Way

Address *(Direccion)*

Carlsbad — **City** *(Ciudad)*

CA — **State** *(Estado)*

92008 — **Zip** *(Codigo Postal)*

442-286-2092

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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(Rev. 10/16)

09/14/2021

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

Declaring the County of SD a Champion for Reproductive Abortion

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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AARON — **First Name** *(Nombre)*

Graham — **Last Name** *(Apellido)*

853 Pecos ST.

Address *(Direccion)*

Spring Valley — **City** *(Ciudad)*

CA — **State** *(Estado)*

91977 — **Zip** *(Codigo Postal)*

619-665-9266

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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(Rev. 10/16)

3	DECLARING SD CHAMPION FOR REPRO FREEDOM		
	Aric	Brown	O
	Melanie	Burkholder	O
	Alan	Deinhardt	O
	Julie	Deinhardt	O
	Sandra	Duran	S
	Mark	Ginella	O
	Vernita	Gutierrez	S
	Shannon	Higgins	O
	Patricia	Hansen	O
	Judith	Howell	S
	Mark	Inoue	O
	Meghan	Martinez	O
	Marty	Martinez	O
	Linda	Menser	O
	Hover	Reyes-Guerrero	O
	Carolynn	Riggs	O
	Victoria	Rosker	O
	Frances	Schroedl	O
	David	Schroedl	O
	Roarke	Shanley	O
	Allyson	Smith	O
	Jon	Vance	O
	Amy		