



**Texas 1836 Project Committee
Registration Form for Testimony**

Name

Shalon Bond

Address

510 Tiffany Trail

City

Richardson

State

TX

Zip Code

75081

Email

vividsg@hotmail.com

I wish to speak as a private individual? Yes No

I wish to speak on behalf of an affiliation? Name of affiliation:

Texas Council for the Social Studies

Are you a registered lobbyist? Yes No

If so, are you providing testimony as a private individual or as a lobbyist on behalf of a client?

Individual

For a client

Name of Client

By signing my name below, I certify this information is correct.

Date

3-2-2022



Texas 1836 Project Committee
Registration Form for Testimony

Name

Monica Martinez

Address

1701 N. Congress Ave.

City

Austin

State

TX

Zip Code

78701

Email

monica.martinez@tea.texas.gov

I wish to speak as a private individual? Yes No

I wish to speak on behalf of an affiliation? Name of affiliation:

Texas Education Agency

Are you a registered lobbyist? Yes No

If so, are you providing testimony as a private individual or as a lobbyist on behalf of a client?

Individual

For a client

Name of Client

By signing my name below, I certify this information is correct.

Date

Monica Martinez

3/2/2022



**Texas 1836 Project Committee
Registration Form for Testimony**

Name

Kate Rogers

Address

321 Alamo Plaza

City

San Antonio

State

TX

Zip Code

78205

Email

Krogers@thealamo.org

I wish to speak as a private individual? Yes No

I wish to speak on behalf of an affiliation? Name of affiliation:

Alamo Trust

Are you a registered lobbyist? Yes No

If so, are you providing testimony as a private individual or as a lobbyist on behalf of a client?

Individual

For a client

Name of Client

By signing my name below, I certify this information is correct.

Date

Kate Rogers

3/2/22



**Texas 1836 Project Committee
Registration Form for Testimony**

Name

LLOYD POTTER

Address

UTSA 501 CESAR CHAVEZ

City

SAN ANTONIO

State

TX

Zip Code

78232

Email

LLOYD.POTTER@UTSA.EDU

I wish to speak as a private individual? Yes No

I wish to speak on behalf of an affiliation? Name of affiliation:

STATE DEMOGRAPHIC

Are you a registered lobbyist? Yes No

If so, are you providing testimony as a private individual or as a lobbyist on behalf of a client?

Individual

For a client

Name of Client

By signing my name below, I certify this information is correct.

Date

L.P.

3-2-2022



**Texas 1836 Project Committee
Registration Form for Testimony**

Name

Mark Wolfe

Address

1510 Colorado St.

City

Austin

State

TX

Zip Code

78701

Email

mark.wolfe@thc.texas.gov

I wish to speak as a private individual? Yes No

I wish to speak on behalf of an affiliation? Name of affiliation:

Texas Historical Commission

Are you a registered lobbyist? Yes No

If so, are you providing testimony as a private individual or as a lobbyist on behalf of a client?

Individual

For a client

Name of Client

By signing my name below, I certify this information is correct.

Date

Mark Wolfe

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