

CITY OF LOS ANGELES SPEAKER CARD

Date

10/17/10

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

26

I wish to speak before the

City Council

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal

() Against proposal

(X) General comments

Name:

Steve Clare

Business or Organization Affiliation:

Venice Community Housing Corporation

Address:

720 Rose Ave Venice CA 90291

Street

City

State

Zip

Business phone: _____

Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____

Phone #: _____

Client Address: _____

Street

City

State

Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

Date

1/17/10

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

26

I wish to speak before the

City Council

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal

(X) Against proposal

() General comments

Name:

David Ewing

Business or Organization Affiliation:

Venice Action Alliance

Address:

1234 Preston way Venice CA

Street

City

State

Zip

90291

Business phone:

310 397-1365

Representing:

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name:

Phone #:

Client Address:

Street

City

State

Zip

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CITY OF LOS ANGELES SPEAKER CARD

Date 11-17-78

Council File No., Agenda Item, or Case No.
24

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

I wish to speak before the COUNCIL
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
() Against proposal
Name: Daniel Garcia () General comments

Business or Organization Affiliation: Community Rehabilitation Services

Address: 4714 East Cesar Chavez L.A. CA 90022
Street City State Zip

Business phone: 323 266-0453 Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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CITY OF LOS ANGELES SPEAKER CARD

Date

1/7/72/10

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

26

I wish to speak before the

A COUNCIL

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
() Against proposal
() General comments

Name: Daniel Garcia

Business or Organization Affiliation: Community Rehabilitation Services

Address: 4716 E. Cesar Chavez LA. Ca. 90022

Street City State Zip

Business phone: 323-266-0453 Representing:

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: Phone #:

Client Address: Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

Date

17 Nov. 2010

THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

26

I wish to speak before the _____

City Council

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? _____

- () For proposal
- (X) Against proposal
- () General comments

Name: _____

Sue Kaplan

Business or Organization Affiliation: _____

Address: _____

763 Nowitz Place

Street

City

Venice CA 90291

State

Zip

Business phone: _____

Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____

Phone #: _____

Client Address: _____

Street

City

State

Zip

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