CITY	OF LOS ANGELES SPEAKER	CARD 10-0002-536
7_ [1] / /	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. Hahn Resolution
I wish to speak before the	Y Council	
	of City Agency, Department, Committee or of the committee or of th	
Business or Organization Affiliation:	SEW-USLIW	
	Node St Sylver	CA: 91342
Business phone: $(2/3)$ $79/$	City City	Statė Zip
CHECK HERE IF YOU ARE A PAID S	SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELOW:
Client Name:		Phone #:

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

City

State

Zip

Client Address: _

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Date 05/12/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before theName	e of City Agency, Department, Committee	e or Council		
Do you wish to provide general public of	omment, or to speak for or against a prop			
Name: ANGELICA	t SA CAS	() Against proposal () General comments		
Business or Organization Affiliation:	CHIRLA			
Address: 2733	w 3rd ST	CA 90057 State Zip		
	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:	City	State Zip		

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Date 5 / 12 / 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		lo., Agenda Item, or Case No.
I wish to speak before the	CITY COUNCIL	ee or Council	
Do you wish to provide general p Father Name: CICHE	oublic comment, or to speak for or against a pro	oposal on the agend	la? (X) For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		A-124A-000000000000000000000000000000000000
Address:C	-OS ANGELLS	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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CITY OF LOS ANGELES SPEAKER CARD					
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Council File No., Agenda Item		
I wish to speak before the	Name of City Agency, Dep	CSUWCI partment, Committ	ee or Council		
Do you wish to provide general	public comment, or to speak	for or against a pr	oposal on the agenda? (X) For p		
Name: Mrs.	ok	Your	() Agail () Gene	nst proposal eral comments	
Business or Organization Affilia		į.			
Address:Street	Los	ANGELE	State Zip		
Street					
Business phone:	Representing: _	<u> </u>	INTERPRETER		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PF	ROVIDE CLIENT	NFORMATION BELOW:		
Client Name:			Phone #:		

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

City

Client Address: _

Street

NOTE: THIS IS A PUBLIC DOCUMENT.

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Date 5/(2/(0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Committee of	or Council		
Do you wish to provide general p	ublic comment, or to speak for or against a propo			
Name: Do Log	ES ESCOBAR	() Against proposal () General comments		
Business or Organization Affiliation	on:			
Address: Street	men OAKS CA	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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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File I	No., Agenda Item, or Case No.
13	10-0002-536

I wish to speak be	fore the	CITY	CONNC(L	
·		ne of City Agency, Depar			
Do you wish to pro	ovide general public o	comment, or to speak for	r or against a prop	oosal on the agenda	? (X) For proposal
Name:	CARL	BERGO	7210		() Against proposal () General comments
Business or Orga	nization Affiliation:	CHU	CLA		4404 APA-1414 AVA-1411 AVA-14
Address:	Stroot	Cit	A ,	State	Zip
		Representing:		Jaco	
CHECK HERE II	F YOU ARE A PAID	SPEAKER AND PRO	VIDE CLIENT IN	IFORMATION BELO	ow:
Client Name:			AMILIA	F	Phone #:
Client Address:					·
	Street	Cit	.y	State	Zip

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

Date 5-12-2010	THE CITY COUNCI DECORUM WILL B		Council File No., A	genda Item, or Case No.
I wish to speak before the	A City Name of City Agency, Dep	Counci L partment, Committee or Co	ouncil	
Do you wish to provide general	oublic comment, or to speak	for or against a proposal o	on the agenda? $^{\circ}$	X For proposal
Name: JUAN O				Against proposal General comments
Business or Organization Affiliat	ion: FULL Righ	JS for Tun	ug. Cou	lifow
Address: 50 W. P	ico BWI	LACA	· 900 /	15
Business phone: 213) 74(-6264 Representing:	FULL Prights a	For Jum	ig. Cookiti.
CHECK HERE IF YOU ARE	•	•		f :
Client Name:			Ph	one #:
Client Address:		City	State	Zip
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Date 5-12-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council
Do you wish to provide general	public comment, or to speak for or against a propose	
Name: <u>AN6EC</u>	OLVERA	() Against proposal General comments
Business or Organization Affiliat	tion: LIUNA (LABORERS U)	MION
Address: 440/ S/	ANTA ANIT EL MONTE	£
Business phone 626 35	ANA ANA EL MONAS City O-8/0 Representing: CABORERS	State Zip VN 10N
V ·	A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:Street	City	State Zip

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CITY OF LOS ANGELES SPEAKER CARD Council File No., Agenda Item, or Case No. Date THE CITY COUNCIL'S BULES OF DECORUM WILL BE ENFORCED. 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 Name: General comments Business or Organization Affiliation: Haman dad Maxicana Wacional Address: 2501 5 Hill St. LA (A. 90007. Street State Zip

Client Address: ____

Business phone: 2135455222 Representing:

Phone #:

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

Client Name:

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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Date

CITY OF LOS ANGELES SPEAKER CARD #13

THE CITY COUNCIL'S DILLES OF

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

12 May 10	DECORUM WILL BE ENFORCED.	10-000	12-536
I wish to speak before theNar	he of Olty Agency, Department, Committee or	Council	
	comment, or to speak for or against a proposa) For proposal Against proposal General comments
Business or Organization Affiliation:			Address A
Address: 1326 U	U. 40th PL 200	s Anbe	LES 9,0039
Business phone: 323 Street 602-35	U. FOTH PL. LOS STRepresenting:	State	ZIP
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	•
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip
Please see reverse of card for imp	portant information and submit this entire card	to the presiding offi	cer or chairperson.

Date 5-12-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theNam	e of City Agency, Department, Committ	tee or Council
Do you wish to provide general public of Name:	omment, or to speak for or against a pr	roposal on the agenda? (i) For proposal () Against proposal () General comments
Business or Organization Affiliation:	COALITION LA	
Address: 2500 Wilsh	185 BLVD, # 908	L.A. CA. 90057 State Zip
Business phone: $2 \cdot 3 - 637 - 03$	3/3 Representing: M √) S∈	/ State Zip
CHECK HERE IF YOU ARE A PAID	· · · · · · · · · · · · · · · · · · ·	
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 12MAY 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the		•	
	Name of City Agency, Department, Comm	ittee 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:	DrClyde	VI Micans	() General comments
Name: DrClydeWilliams (*) Against proposal (*) General comments Business or Organization Affiliation: LA32NC-			
Address:			LA 9003Z
Address:Street	City	State	Zip
Business phone:	Representing:	Stakehold	251
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip
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Date 5/13/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council
Do you wish to provide general p Name:	ublic comment, or to speak for or against a propos	() Against proposal
Business or Organization Affiliation	on:	
Address:Street	6218 Yuca St. #C	State Zip
	Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone #:
Client Address:	City	State Zip
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 5-12-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council
Do you wish to provide general	public comment, or to speak for or against a prop	
Name: HRNOW	Spare	() Against proposal () General comments
Business or Organization Affilia	tion:	
Address:Street	lemse City	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	Cit.	Oh-la Zia
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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Date 10/12/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. How Pessintran
I wish to speak before theNar	ne of City Agency, Department, Committee	e or Council Res Anzon
Do you wish to provide general public	comment, or to speak for or against a prop	posal on the agenda? () For proposal
Name: JOSE	Hernande 2	() Against proposal () General comments
Business or Organization Affiliation:	SELY USWW)
	W. 57th St LA	90062
Business phone:	City Representing:	State Zip
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	All.	
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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Date 5/12/10

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

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

I wish to speak before the	200201			
	Name of City Agency, D	Department, Com	mittee or Council	
Do you wish to provide gener	•	_	a proposal on the agenda?	
Name: TED	NEUBAU	ER		Against proposal () General comments
Business or Organization Affi	liation: SELE	·····		
Address:Street		City	State	Zip
Business phone:		•	- State	601 P
CHECK HERE IF YOU AR	E A PAID SPEAKER AND	PROVIDE CLIEN	IT INFORMATION BELC	w:
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Street		City	State	Zip

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5.12-2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	, Agenda Item, or Case No.
I wish to speak before the	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public of	comment, or to speak for or against a proposa	I on the agenda?	Against proposal General comments
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELC	ow:
Client Name:		P	Phone #:
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(' '	CITY OF LOS ANGELES SPEA	AKER CARD
Date 5/12/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comm	
Do you wish to provide general Name: Swall Name: Business or Organization Affilia	public comment, or to speak for or against a	
Address:		
Street	CityRepresenting:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	T INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		

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

City

Street

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State

Zip