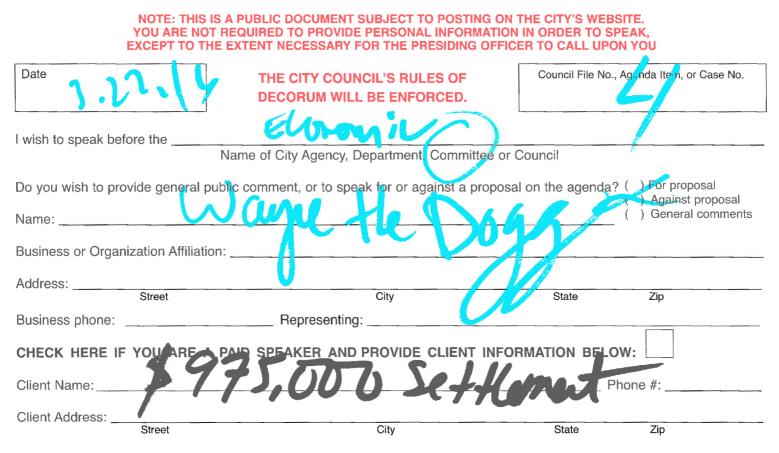
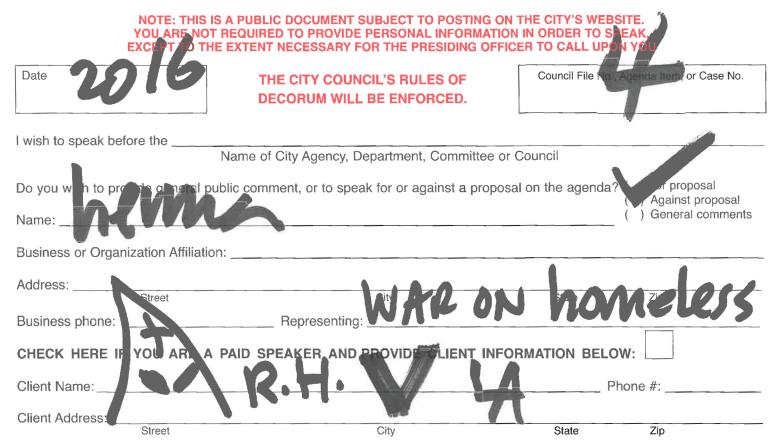




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Date 3/12/2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
	public comment, or to speak for or against a prop	( ) Against proposal	
Name: ESTELAN R	3	(X) General comments	
Business or Organization Affiliati	ion: Managel Career SoluTI	ION	
Address: 3323 WI	UShre Bed E405 LA	C G Zip	
	Representing: Mangel Cree		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:Street	City	State Zip	







IA A	I	CITY OF LOS ANGELES SPEAKER	CARD	
The second	YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING OI I REQUIRED TO PROVIDE PERSONAL INFORMATIC IE EXTENT NECESSARY FOR THE PRESIDING OFFI	ON IN ORDER TO S	PEAK,
Date 3.23.	6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or case No.
I wish to speak befo	ore the EC	Name of City Agency, Department, Committee of	To APP	EAL)
	-	ublic comment, or to speak for or against a propos	sal on the agenda'	?()For proposal ()Against proposal
Name: ALEX	GUI	ERERO		( ) General comments
Business or Organi	zation Affiliatio	DR.SR. V.P. VEDC		
Address:	Ctroot	City	State	Zip
		Representing:		
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	ow:
Client Name:			F	Phone #:
Client Address:				
	Street	City	State	Zip
Planca coo rov	oreo of oard f	ar important information and submit this entire car	d to the presiding	officer or chairperson

Date     THE CITY COUNCIL'S RULES OF       3/22/4     DECORUM WILL BE ENFORCED.				
I wish to speak before the <u>EConomic Development Committee</u> 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				
Name: Frank Villa 0005 () Against proposal () General comments				
Business or Organization Affiliation: Barrip Planners Inc.				
Address: 3530 E. 3Kel Place, Los Angeles (A 90063				
Business phone: 323-2424-9020 Representing: Barrio Planners LUC.				
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.				

YOU ARE NO	IS A PUBLIC DOCUMENT TREQUIRED TO PROVIDE HE EXTENT NECESSARY F	PERSONAL INFORMAT	ION IN ORDER TO SPEA	AK,
Date /	THE CITY COUN	ICIL'S RULES OF	Council File No., Age	enda Item, or Case No.
3/22/14	DECORUM WILI	BE ENFORCED.	10-10	701
I wish to speak before the	ECONOMIC De		Committee	
	Name of City Agency, E	epartment, Committee	or"Council	
Do you wish to provide general		ak for or against a prop	osal on the agenda?(	<ul> <li>Against proposal</li> </ul>
Name: Henry Ley	va		(	) General comments
Business or Organization Affiliat	ion: Berris Plan	nners Incorp	oraled	
Address: 3530 E.	3ª Place	los Anceléa	>	
Address: $3532E$ . Business phone: $323-244$	-9020 Representing	: Barrio	Planners	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phor	ıe #:
Client Address:				
Street		City	State	Zip

YOU ARE NOT R	A PUBLIC DOCUMENT SUBJECT TO POSTING ON EQUIRED TO PROVIDE PERSONAL INFORMATIO EXTENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO S	PEAK,
Date 3 22/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
	ame of City Agency, Department, Committee or	Council	
Do you wish to provide general publi	c comment, or to speak for or against a propos	al on the agenda	? ( ) For proposal
Name: JESSE LES	N		<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliation:	COUNCIL DISTRICT 14		
Address: 200 N. Spin	e Street Los Angeles	CA	90012
Street Street	e Street Los Angeles City Representing: Office of	State Cancilme	mber José Huizar
	AID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:			Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card for in	nportant information and submit this entire card	I to the presiding	officer or chairperson.