

CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.
YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date

2-27-13

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

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

12-1607, Item 3

I wish to speak before the

HCED Committee

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:

Claire Fox

Business or Organization Affiliation:

LA Food Policy Council

Address:

200 N. Spring St

LA

CA

90012

Street

City

State

Zip

Business phone:

213-978-1516

Representing:

LA Food Policy Council

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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() Against proposal

General comments

Name: Rudy Espinoza

Business or Organization Affiliation:

Community Financial Resource Center (CFRC)

Address:

4060 S. Figueroa St.

Los Angeles

CA

90037

Street

City

State

Zip

Business phone: 310-597-1312

Representing: CFRC

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

Client Name:

Phone #:

Client Address:

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CITY OF LOS ANGELES SPEAKER BOARD

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#3 CF 12-1607

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
() Against proposal
Name: ~~CD Communication from the Mayor~~ Joanne Kim (x) General comments

Business or Organization Affiliation: Community Coalition

Address: 8101 S. Vermont Ave LA CA 90044
Street City State Zip

Business phone: 323-750-9087 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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