

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

#4

Date
April 1, 2013

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

Council File No., Agenda Item, or Case No.
#4 13-0303

I wish to speak before the Budget + Finance Comm.
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: Rosen Schwartz

Business or Organization Affiliation: Shelter Partnership Inc

Address: 523 W. 6th St, #616, LA CA 90014
Street City State Zip

Business phone: 213-943-4580 Representing: SP Inc.

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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#4
13-0303
Budget & Finance

Date 4/1/2013

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I wish to speak before the Budget & Finance Comte
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: DOEA GALLO

Business or Organization Affiliation: A Community of Friends & Supportive Housing Alliance

Address: 3701 Wilshire Blvd, #701 LA CA 90010
Street City State Zip

Business phone: 213-480-0809 Representing: same

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

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Date 4/1/13

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DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.
13-0303 #4

I wish to speak before the B + F
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: JOANNE VANEK-GARB

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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