

CITY OF LOS ANGELES SPEAKER CARD

Date: 01/27/2017

Council File No., Agenda Item, or Case
Item NO. (4) - 13-1641

I wish to speak before the Council

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

Name: Robin Mark

Business or Organization Affiliation: The Trust For Public Land

Address: 135 W Green St Pasadena CA 91105
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

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

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Name: Jeff Maloney

Business or Organization Affiliation: Santa Monica Mountains Conservancy

Address: 570 W Ave 26 #100 LA Ca 91801
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Marissa Christiansen

Business or Organization Affiliation: Friends Of The Los Angeles River

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Kyndell Gaglio

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: River LA

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Name: THE PUPPET AND HIS BUDDY

Business or Organization Affiliation: _____

Address: _____

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

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Name: JUANOTE

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business Phone: _____

Representing: _____

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Client Name: _____

Phone#: _____

Client Address: _____

Street

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Name: Jill Sourial

Business or Organization Affiliation: The Nature Conservancy

Address: 445 S. Figueroa 1950 Los Angeles CA 90071
Street City State Zip

Business Phone: _____ Representing: _____

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Name: KARIN FLORES

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Wayne Or Puppet

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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