

# 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

8/22/16

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

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

#1

14-0163-93

I wish to speak before the

B&F/PW & GR JOINT 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  
 General comments

Name:

JOHN HOWLAND

Business or Organization Affiliation:

CENTRAL CITY ASSOC.

Address:

026 WILSHIRE BL #200 LA 90017

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

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

# CITY OF LOS ANGELES SPEAKER CARD

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14-0163-53

Date

8/22/16

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

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

I wish to speak before the

Budget + Finance ; Public Works + Gang Reduction Courts  
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: Jenny Binstock

Business or Organization Affiliation:

TreePeople

Address:

12601 Mulholland Dr. Beverly Hills, CA 90210  
Street City State Zip

Business phone:

Representing:

TreePeople

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14-0163-53

Date

22 August 2016

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

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

#1 ~~2~~

I wish to speak before the

Joint Public Works + Comm. Reduction of Budget + Finance Com. +

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:

Peter Lassen

Business or Organization Affiliation:

LA City Community Forest Advisory Com. +

Address:

1448 N. Boyleston St., LA

Street

City

CA

State

90012

Zip

Business phone:

(323) 221-0193

Representing:

Community Forest Advisory Com. +

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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Date 8/22/2016

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

Council File No., Agenda Item, or Case No. Special Meeting (1)

I wish to speak before the Special B+F + PWC Meeting on Seward  
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: B. Moley Rhodes

Business or Organization Affiliation: Coalition of LACity Unions SEIU 721

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 Zip

# CITY OF LOS ANGELES SPEAKER CARD

14-0163-53

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Date 8/22/16

*Budget Finance + Public Works*

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

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

*Joint Meeting*

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 proposal on the agenda? ( ) For proposal  
( ) Against proposal  
( ) General comments

*W.S.*

Name: \_\_\_\_\_

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 Zip