

# 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

3/25/15

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

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

4

I wish to speak before the \_\_\_\_\_

HOUSING COMMITTEE OF # 14-1382  
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: \_\_\_\_\_

ESTHER PARK

Business or Organization Affiliation: \_\_\_\_\_

LA FOOD POLICY COUNCIL

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

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

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3/25/15

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

4  
CF # 14-1382

I wish to speak before the \_\_\_\_\_

Housing 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: ROBERT BAIRD

Business or Organization Affiliation: CHC

Address: \_\_\_\_\_

Street

City

State

Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_

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City

State

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Date

3/25/15

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

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

# 4 CF#14-1382

I wish to speak before the

City of LA City Council Housing 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

(x) Against proposal

( ) General comments

Name: Mark Loranger

Business or Organization Affiliation:

Chrysalis

Address: 522 S. Main St. LA CA 90013

Street

City

State

Zip

Business phone: (213) 806-6342 Representing: Chrysalis

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

CF #14-1382

I wish to speak before the

HOUSING 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:

SHERRY REVORD

Business or Organization Affiliation:

PARTNERS IN CARE FOUNDATION

Address:

732 MOTT ST.

Street

SAN FERNANDO

City

CA

State

91340

Zip

Business phone:

818-837-3775

Representing:

PARTNERS IN CARE

**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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3/25/15

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

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

#4

I wish to speak before the

Housing Committee CF #14-1382  
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:

Matthew Callahan

Business or Organization Affiliation:

LA Partners in Home Ownership

Address:

1605 W. Olympic Blvd. LA 90015 STE 9097  
Street City State Zip

Business phone:

(562)391-6453

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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Date

March 25, 2015

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

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

14-1382

4

I wish to speak before the

Housing 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: Jazmin Ortiz

Business or Organization Affiliation:

Altamed Health Services

Address:

2040 Camfield Ave

Los Angeles

CA

90040

Street

City

State

Zip

Business phone:

(323) 884-7325

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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# CITY OF LOS ANGELES SPEAKER CARD

1 of 8

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Date 3-25-15

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

Council File No., Agenda Item, or Case No. 14-1382

I wish to speak before the Housing Cmttee  
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: Nancy Volpert

Business or Organization Affiliation: JFS

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

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# CITY OF LOS ANGELES SPEAKER CARD

2018

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Date  
3-25-15

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

Council File No., Agenda Item, or Case No.  
14-1382

I wish to speak before the HOUSING 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: BEN SCHNEIDER

Business or Organization Affiliation: RAINBOW SERVICES

Address: 453 W. 7<sup>th</sup> ST. SAN PEDRO CA 90731  
Street City State Zip

Business phone: 424-264-0643 Representing: RAINBOW SERVICES

**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

3/25/15

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DECORUM WILL BE ENFORCED.**

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

Item # 4

I wish to speak before the

Housing Committee

CF# 14-7382

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:

Denise Miller (Denise Miller)

( ) Against proposal  
( ) General comments

Business or Organization Affiliation:

The Children's Collective

Address:

915 W. Manchester Ave LA CA 90044

Business phone:

323-789-4717

Representing:

John Walters Learning Complex

**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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# CITY OF LOS ANGELES SPEAKER CARD

3 of 8

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Date 3-25-15

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

Council File No., Agenda Item, or Case No. 14-1382

I wish to speak before the Housing 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: Aissa Cerda

Business or Organization Affiliation: Chicana Service Action Center

Address: 1505 East First St. Los Angeles CA 90033  
Street City State Zip

Business phone: 213-629-5800 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

598

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Date  
3-25-15

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

Council File No., Agenda Item, or Case No.  
14-1382

I wish to speak before the HOUSING 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: PAT BUTLER

Business or Organization Affiliation: SOJOURN

Address: 1453 16<sup>th</sup> ST SANTA MONICA CA 90404  
Street City State Zip

Business phone: 3102646646 Representing: \_\_\_\_\_

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

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Client Address: \_\_\_\_\_  
Street City State Zip

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# CITY OF LOS ANGELES SPEAKER CARD

498

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Date  
3/25/15

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

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

14-1382

I wish to speak before the

Housing 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:

Katie Tyler

Business or Organization Affiliation:

Haven Hills Inc.

Address:

P.O. Box 260

Street

Canoga Park

City

CA

State

91305

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

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# CITY OF LOS ANGELES SPEAKER CARD

6 of 8

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Date: 3/25/15

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

Council File No., Agenda Item, or Case No.  
14 + 13B2

I wish to speak before the Housing 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: Tobi Quintilliani

Business or Organization Affiliation: 1736 Family Crisis Center

Address: 21707 Hawthorne Blvd, Torrance, CA 90505  
Street City State Zip

Business phone: 306780483 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

798

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3-25-15

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

Council File No., Agenda Item, or Case No.  
CF# 14-1382

I wish to speak before the ~~Debbie Nelson~~ Housing 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: Debbie Nelson

Business or Organization Affiliation: 1736 Family Crisis Center

Address: 2116 Arlington Ave LA CA 90018  
Street City State Zip

Business phone: 310-678-7000 Representing: 1736 FCC

**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

898

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Date 3/25/15

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Council File No., Agenda Item, or Case No. 14-1382

I wish to speak before the Housing 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: Eve Sheedy

Business or Organization Affiliation: DV TASK FORCE

Address: 312 S. Hill St, 2nd Fl LA CA 90012  
Street City State Zip

Business phone: 213 485 2352 Representing: DV TASK FORCE

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

# CITY OF LOS ANGELES SPEAKER CARD

1-D

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DECORUM WILL BE ENFORCED.**

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

Item # 4

OF #14-1382

I wish to speak before the

Housing

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:

Veronica Olmos

Business or Organization Affiliation:

CCNP

Address:

501 S. Bixel St Los Angeles CA 90017

Street

City

State

Zip

Business phone:

213-482-8488

Representing:

Family Source Coalition

**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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# CITY OF LOS ANGELES SPEAKER CARD

1012

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Date 3/25/15

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

Council File No., Agenda Item, or Case No.  
Item # 14-1382

I wish to speak before the Housing  
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: Paul Estrada

Business or Organization Affiliation: El Centro de Ayuda

Address: 1972 E. Cosan Chavez Los Angeles CA 90033  
Street City State Zip

Business phone: (323) 265-1343 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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Date

3-25-13

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

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

4 CF #14-1382

I wish to speak before the Housing 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: Mary Davis

Business or Organization Affiliation: Angel Step Inc (SCADP, Inc)

Address: 11500 Paramount Blvd Downey Ca 90042  
Street City State Zip

Business phone: 562-923-4545 Representing: Angel Step Inc

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

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Date

25 March 2015

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

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

14-1342

I wish to speak before the \_\_\_\_\_

*Housing 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

Name: *Jessy Needham*

() Against proposal  
( ) General comments

Business or Organization Affiliation: *Center for the Pacific Asian Family*

Address: *543 N. Fairfax Ave #108 Los Angeles CA 90036*

Street

City

State

Zip

Business phone: *323-653-4045* 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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DECORUM WILL BE ENFORCED.**

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

14-1382

I wish to speak before the \_\_\_\_\_

*Housing 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: \_\_\_\_\_

*DAWN Kasey Lovelace*

Business or Organization Affiliation: \_\_\_\_\_

*Los Angeles Aging Advocacy Coalition*

Address: \_\_\_\_\_

*675 S. Carondelet Los Angeles CA 90057*

Street

City

State

Zip

Business phone: \_\_\_\_\_

*213-388-4444 ext 236*

Representing: \_\_\_\_\_

*St. Barnabas Senior Soc.*

**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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# CITY OF LOS ANGELES SPEAKER CARD

3/25  
2015

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

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

4  
CF # 14-1380

I wish to speak before the \_\_\_\_\_

Name of City Agency, Department, Committee or Council

Housing

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: \_\_\_\_\_

Herman  
Mr. Herman

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

ADP

Business phone: \_\_\_\_\_

Representing: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Public Interest SAC

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.