YOU ARE NOT RE	PUBLIC DOCUMENT SUBJECT TO POSTING C QUIRED TO PROVIDE PERSONAL INFORMATI XTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	SPEAK,
Date & -12-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the HOME	less + Poverty Committee		
Na	me of City Agency, Department, Committee of	or Council	
Do you wish to provide general sublis	accomment of to anoth for an anoinst a store	and on the arcente	2 ( ) For proposal
Name: <u>GUUUAL</u> DO Business or Organization Affiliation: _	City	Action Net	<ul> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Name: <u>GUUUAL</u> DO Business or Organization Affiliation: Address: Street	JON Los Angeles Community City	Action Neta	
Name: <u>GUUUAL</u> DO Business or Organization Affiliation: Address: Business phone: CHECK HERE IF YOU ARE A PAI	Jon Los Angeles Community	Action Neta State ORMATION BELC	() Against proposal () General comments

CITY OF LOS ANGELES SPEAKER CARD	/
NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S W YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL U	SPEAK,
DateTHE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.Council FileS-13-2015THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.THE CITY COUNCIL'S RULES OF THE CITY COUNCIL'S RULES OF THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.Council File	No., Agenda Item, or Case No.
I wish to speak before the <u>Home Concess</u> and <u>Porcety</u> 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 agend Name: Post Danchick	da?()For proposal ()Against proposal ()General comments
Business or Organization Affiliation: Leo Barck Temple-	
Address: 10336 Wilshire Blud. LA CA	9002V Zip
Business phone: 3/0-273-9660 Representing: Lev Drock Jemple	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BE	LOW:
Client Name:	Phone #:
Client Address: 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
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     THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.     Council File No., Agenda Item, or Case No.
I wish to speak before the Homelessness + Poverty Comittee 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: Alisa HARTZ ( ) General comment
Business or Organization Affiliation: PUBLIC COUNSEL
Address: <u>610 S. Ardmore Ave</u> Street Street City State State Nehvork Business phone: <u>213 385 2977</u> Representing: <u>Los Aryelos Comment Action Nehvork</u>
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	CARD	
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I wish to speak before the	Homeless pers + Rovert, Common Name of City Agency, Department, gommittee o	Hee r Council	
	public comment, or to speak for or against a propos	sal on the agenda	? ( ) For proposal ( Against proposal
Name: Enily MW	phy		General comments
Business or Organization Affiliation	on: Munger Tolles + Olson		
Address:Street	City	State	71-
	Representing:		Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELC	ow:
Client Name:		P	Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card for	or important information and submit this entire card	to the presiding (	officer or chairperson.

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Name: Dennis	ublic comment, or to speak for or against a p Sleason n: Councilman Joe	Ω	<ul> <li>? ( ) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Address:Street	City	State	Zip
Business phone:		Sidle	Σιμ
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip
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Date 8/12/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No Hem	o., Agenda Item, or Case No.
I wish to speak before the Hom	Name of City Agency, Department, Committee	e or Council	
Name: Ana Garcia	on: <u>CARECEN</u> – LA	sal on the agenda	<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Address: 2845 W 77 Street	n st Los Angeles City 202) Representing: CARECEN-L	CA State	90005 Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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		FICER TO CALL UPON YOU
Date 8/13/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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ame: Lovise	MBella	( ) Against proposal ( ) General comment
ame: <u>Lovise</u> usiness or Organization Affilia ddress: <u>838</u>	MBella ation: 100 Angeles Comm & 672 84	() Against proposal () General comments un y Action Network 2A, UA 900001
ame: <u>Lovise</u> usiness or Organization Affilia ddress: <u>838</u> Street	MBella ition: 200 Angeles Comm	( ) Against proposal ( ) General comment
ame: Low'se usiness or Organization Affilia ddress: 838 Street	MBella ation: <u>105 Angeles (omm</u> <u>E 67 87</u> City	() Against proposal () General comments UNY Action Network 2A UA GUDDJ State Zip

	CITY OF LOS ANGELES	SPEAKER CARD	
YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT 1 DT REQUIRED TO PROVIDE PERSONA HE EXTENT NECESSARY FOR THE PI	L INFORMATION IN ORDE	R TO SPEAK,
Date S//2//5 I wish to speak before the	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO HOM & STUDS & PM Name of City Agency, Department	erby Committee	I File No., Agenda Item, or Case No.
Name: Nesley	on: <u>Los Anguls</u> (C		igenda? ( ) For proposal ( ) Against proposal ( ) General comments
Address: <u>838</u> Street	E. Gth St City	LA	A GUDDJ Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:Street	City	State	ə Zip
Please see reverse of card f	or important information and submit	this entire card to the pres	siding officer or chairperson.