

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

9/22/2015

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

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

15-0002-5100
ITEM #32

I wish to speak before the LOS ANGELES CITY COUNCIL
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? (X) For proposal
() Against proposal
() General comments

Name: DIANA RODRIGUEZ

Business or Organization Affiliation: YOUTH POLICY INSTITUTE

Address: 634 S. SPRING ST, 10TH FL, LOS ANGELES CA 90014
Street City State Zip

Business phone: (213) 688 2802 Representing: IFAN CAMPAIGN

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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Date 9/22/15

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

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

15-0002-8100
Item # 32

I wish to speak before the

City Council

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: Norma Fernandez

Business or Organization Affiliation:

EveryoneOn

Address: 714 W. Olympic Blvd LA CA 90015

Street

City

State

Zip

Business phone: 213)443-9952 x 3203 Representing: EveryoneOn

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City

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9/22/2015

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I wish to speak before the

LA CITY COUNCIL

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:

CRIS ARZATE

Business or Organization Affiliation:

CALIFORNIA EMERGING TECHNOLOGY FUND

Address:

Street

City

State

Zip

Business phone:

213/880.

Representing:

CETF

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Date

9-22

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

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

32

I wish to speak before the Los Angeles City Council
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: Agustin Urgiles

Business or Organization Affiliation: CETF

Address: 1000 S-Hope St #224 L.A CA 90015
Street City State Zip

Business phone: 3105623429 Representing: IFAW

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Date **9-22**

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Council File No., Agenda Item, or Case No.
32

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

Name: **DAN**

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Date 9/22

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Council File No., Agenda Item, or Case No. 32

I wish to speak before the City Council
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
Name: John WALSH () General comments

Business or Organization Affiliation: _____

Address: LA
Street City State Zip

Business phone: _____ Representing: _____

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Date

September 22, 2015

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

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

32

I wish to speak before the _____

City Council

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: _____

Bryan Barajas

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business phone: _____

Representing: _____

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Phone #: _____

Client Address: _____

Street

City

State

Zip

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