

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

3-18-2016

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

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

9

I wish to speak before the

RULES

CF 15-0002-5125

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: GEORGE ABRAHAMMS

Business or Organization Affiliation:

Address: 3150 DURAND DR LOS ANGELES CA 90068

Street

City

State

Zip

Business phone: 323 463 9209 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

**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 3/18/16

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

Council File No., Agenda Item, or Case No.
9

I wish to speak before the Rules
Name of City Agency, Department, Committee or Council 15-0002-5125

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: WAYNE WILLIAMS

Business or Organization Affiliation: _____

Address: 15423 SUTTON ST. SHERMAN OAKS CA 91403
Street City State Zip

Business phone: (818) 905-8097 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

ITEM 9

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
March 18, 2016

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

Council File No., Agenda Item, or Case No.
15-0002-5125 Item 9

I wish to speak before the International Rules Convention
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: Bob Anderson

Business or Organization Affiliation: Los Angeles Area Healthcare Worker Coalition

Address: PO Box 571448 Torrance CA 91357
Street City State Zip

Business phone: 213-364-7470 Representing: LAHHC

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

**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**

#9

Date 3/18/16

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

Council File No., Agenda Item, or Case No.
CF 15-0002-512

I wish to speak before the Rules, Elections, Intergov. Rel.
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: X DAVID RANUELL

Business or Organization Affiliation: X LAADWC

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.