

# CITY OF LOS ANGELES SPEAKER CARD

CF# 15-0727-32

**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  
2-24-16

**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 HP 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: Juan Alcala

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

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4

I wish to speak before the Dennis Gleason  
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: \_\_\_\_\_

Business or Organization Affiliation: CD 15

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

Business phone: \_\_\_\_\_ Representing: Councilman Joe Buscaino

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Street City State Zip

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Date

2/24/16

**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

Homelessness/Poverty Comm.

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:

Eric Ares

Business or Organization Affiliation:

Address:

LACAN

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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Date 2-24-6

**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 Homelessness & Poverty 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: Ruth Sarnoff

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

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

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

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

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

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Date

2/20/15

**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 \_\_\_\_\_

Name of City Agency, Department, Committee or Council

Homeless

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

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

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Date

2/24

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

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

Item 4

I wish to speak before the

L.A. 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:

Craig Roberts

Business or Organization Affiliation:

L.A. CAN

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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Date

2-24-16

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

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

#4 0727-52

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

Commission

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: General Dogon

Business or Organization Affiliation: L A Can

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

Street

City

State

Zip

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

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

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

Street

City

State

Zip

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

*Homelessness*

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: *Patricia McAllister*

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

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

Street

City

State

Zip

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

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

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