

CF# 15-1138-55

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 2/24/16

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

Council File No., Agenda Item, or Case No. #2

I wish to speak before the LA committee - Homelessness & Poverty
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 Gutierrez

Business or Organization Affiliation: LAUSD Homeless Ed. Program

Address: 121 N. Beaudry Ave LA, CA 90012
Street City State Zip

Business phone: 213 202 7510 Representing: LAUSD Homeless Ed. Program

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

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

2

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: Michelle Castelo Alferez

Business or Organization Affiliation: Los Angeles Unified School District

Address: 333 S. Beaudry Ave. Los Angeles CA 90011
Street City State Zip

Business phone: 213-202-2017 Representing: Family Source Partnership Program

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Date

12/2/2016

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

2

I wish to speak before the _____

Honolulu

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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Street

City

State

Zip

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Date: 2-24-16

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I wish to speak before the LACAN 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
(X) General comments

Name: Yvonne Michelle Avery

Business or Organization Affiliation: LACAN Committee Sec

Address: 501 S. Spring St 327 CA 90013
Street City State Zip

Business phone: 213 805 1074 Representing: Self Committee Sec

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Client Address: _____
Street City State Zip

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2-24-16

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2

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: _____

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business phone: _____ Representing: _____

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Client Address: _____

Street

City

State

Zip

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2-24-16

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

#2

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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Phone #:

Client Address:

Street

City

State

Zip

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Date

Feb. 24, 2016

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

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

15-1138-65 #2

I wish to speak before the

Homelessness & Poverty

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:

Olivia E. Mitchell

() Against proposal
(X) General comments

Business or Organization Affiliation:

HCIDLA - Family Source Center

Address:

1200 W. Hill Street LA, 90017

Street

City

State

Zip

Business phone:

213-808-8872

Representing:

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Phone #:

Client Address:

Street

City

State

Zip

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2/24/16

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I wish to speak before the _____

Homeless
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: _____

Wayne

() General comments

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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