

# 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 6/22/16

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

Council File No., Agenda Item, or Case No. 3

I wish to speak before the HOMELESS 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: MARWAJET MOLLOY

Business or Organization Affiliation: SELF

Address: 3841 BEETHOVEN ST, LA, CA 90066  
Street City State Zip

Business phone: 3105602523 Representing: SELF

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

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  
Name: \_\_\_\_\_ ( ) 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

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Date

June 22 2016

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

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

#3

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

(X) General comments

Name:

Vonke Michelle Anney

Business or Organization Affiliation:

Self Ground

Address:

501 South Spruce Street # 327 CA 90013

Street

City

State

Zip

Business phone:

213-805-1074

Representing:

Self Ground

**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.

## **NOTICE OF LOBBYING REGISTRATION**

If you are receiving compensation to make this appearance, the City's municipal lobbying ordinance (L.A.M.C. Section 48.01 et seq., as amended) may require you to register and report your lobbying activity. For more information about the City's lobbying law, contact the City Ethics Commission at (213) 978-1960, by fax at (213) 978-1988 or at 200 North Spring Street, 24th Fl – City Hall, Los Angeles, CA 90012.

Information about lobbying the City of Los Angeles may also be found on the Internet by accessing the Ethics Commission site on the City of Los Angeles "home page" at <http://ethics.lacity.org>

CITY OF LOS ANGELES SPEAKER CARD



06-22

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Date 2016

THE CITY COUNCIL'S RULES OF ~~DECISION~~ WILL BE ENFORCED.

Brown ACT

Council File No. Agenda Item, or Case No. 3 Three

16-06005145

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: F you herman herman

Business or Organization Affiliation: Kinder Policing A = ?

Address: DAILY NEWS  
Street City State Zip

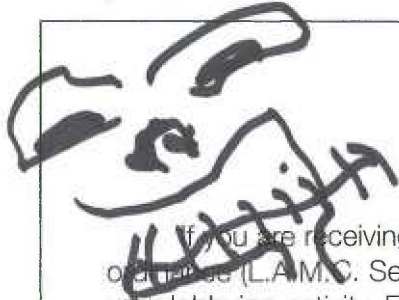
Business phone: \_\_\_\_\_ Representing: Comfort Pets = Dr. B

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: Dr. Brown Bear Bitch Phone #: \_\_\_\_\_

Client Address: 666 Mental Health will drive you mad!  
Street City State Zip

Bang your head.... LaLa La La



1st Amendment

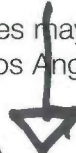
**NOTICE OF ~~LOBBYING~~ REGISTRATION**

14th Amendment

If you are receiving compensation to make this appearance, the City's Municipal Lobbying Ordinance (L.A.M.C. Section 48.01 et seq., as amended) may require you to register and report your lobbying activity. For more information about the City's lobbying law, contact the City Ethics Commission at (213) 978-1960, by fax at (213) 978-1988 or at 200 North Spring Street, 24th Fl - City Hall, Los Angeles, CA 90012.

Racist

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Title II discrimination against

individuals c MENTAL HEALTH

The Trooper = Zo Zo

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Date  
6-22-16

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

Council File No., Agenda Item, or Case No.  
#3

I wish to speak before the Homeless & 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: Antonia Ramirez

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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16-0600-S145

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Date  
6-22-16

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Council File No., Agenda Item, or Case No.  
#3

I wish to speak before the Revised - Fiscal Impact Statement 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  
Name: Ruth Sarnoff ( ) 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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Date 6.22.16

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Council File No., Agenda Item, or Case No. 3

I wish to speak before the Homes / 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  
Name: Mr. B aka  General comments

Business or Organization Affiliation: Homelessness 2016

Address: Homelessness 2016 Street City vs. State Zip

Business phone: Homelessness 2016 Representing vs. State

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

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

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