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YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING O T REQUIRED TO PROVIDE PERSONAL INFORMATIC HE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. AD HOC MIE T	Council File No Dem MyMI GRA	, Agenda Item, or Case No. [NT ALALICS
	Name of City Agency, Department, Committee o	r Council	
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda	?()For proposal ()Against proposal ()General comments
Business or Organization Affiliation	on: INDIVISIBLE HIG	MAND	PARK
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELO	ow:
Client Name:		F	hone #:
Client Address:Street	City	State	Zip

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING O T REQUIRED TO PROVIDE PERSONAL INFORMATIC HE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SPEAK,	
Date 4 12 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee of	r Council	
	public comment, or to speak for or against a propo	() Against proposal	
Street	Leven School Road &	D. Douney 90241 State Zip	
	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION 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				
Date 4-12-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	., Agenda Item, or Case No.	
I wish to speak before the <u>AD HOO, COMMITTEE ON IMMIGRANT AFFAIRS</u> Name of City Agency, Department, Committee or Council				
Do you wish to provide general p	ublic comment, or to speak for or against a propos	al on the agenda	?()For proposal	
Name: TEEELE BOR	DEN		() Against proposal (メ) General comments	
Business or Organization Affiliation	DN: INDIVISIBLE HLP			
Address: <u>4604 JESS (04</u> Street	LA City	<u>C</u> A State	90065 Zip	
Business phone:	Representing:			
	PAID SPEAKER AND PROVIDE CLIENT INFO			
Client Name:		P	hone #:	
Client Address:				
Client Address:Street	City	State	Zip	
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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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 4.12.17 DECORUM WILL BE ENFORCED. I wish to speak before the Ad Hic lumis rate 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? (VFor proposal Against proposal Name: Graciela Lapez General comments Business or Organization Affiliation: Address: <u>C33</u> Kothenne Dr. <u>Mentehelle</u> Street <u>City</u> 90640 CA State Zip Business phone: (612) 380.6(74 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #: Client Name: 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. 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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 04/04/2017 DECORUM WILL BE ENFORCED. I wish to speak before the Ad Hoc Immigration 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? (YFor proposal Against proposal Name: De Meeth Sini General comments Business or Organization Affiliation: MMigrant Defenders. Law Center Address: 634 S. Spring St. M. City Sta 90165 State Business phone: 626-213-634-76"2 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street City State Zip

YOU ARE NOT REQU	IBLIC DOCUMENT SUBJECT TO PO JIRED TO PROVIDE PERSONAL INF ENT NECESSARY FOR THE PRESID	ORMATION IN ORDER TO	SPEAK,
Date 4/12/17	THE CITY COUNCIL'S RULES C DECORUM WILL BE ENFORCE	р. <u>-</u>	No., Agenda merri, or Case No.
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CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIE	NT INFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card for impo	rtant information and submit this e	ntire 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 THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No. **DECORUM WILL BE ENFORCED.** SonnigRation Commette, 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: ____ DATRICIA ME Allister General comments 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	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda liem, of Case No.
I wish to speak before theA	Name of City Agency, Department, Committee	or Council	<u> </u>
Do you wish to provide general	I public comment, or to speak for or against a prop	osal on the agenda?	() For proposal
Name: Emi Mach	lan		() Against proposal() General comments
Business or Organization Affilia Address:	ation: National Day laborer 1	Organiting	Network
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELO	w:
Client Name:		Ph	ione #:
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Street	City	State	Zip
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