Date 1/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No. 6
I wish to speak before the $\underline{A}$	) HOC Smiggar Affai Name of City Agency, Department, Committee or	VS Comm	ittee
Do you wish to provide general p	ublic comment, or to speak for or against a propos	al on the agenda	
Name: Martha Ja	Zquiterdo		() Against proposal
Business or Organization Affiliation	on: Esperanza Immigrant	Rights K	piet
	abin Ane - Periney City of	- P. P	Zip
Business phone: (213)251-3	3536 Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	<b>W:</b>
Client Name:		F	Phone #:
Client Address:Street		0	7
Street	City	State	Zip
Please see reverse of card fo	r important information and submit this entire card	to the presiding	officer or chairperson.

Date 12517 THE CITY COUNCIL'S RULES OF Council File No., Agenda Item	, or Case No.
I wish to speak before the <u>AD HUC ON TIMMINGTANT Affairs Commit</u> Name of City Agency, Department, Committee or Council	tee
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For pr	
	st proposal ral comments
Business or Organization Affiliation: Union del Barrio + Central Alamerch Ne	ighterhad
Address: 156 W. Grage Ane. Apt. 2 Los Angeles Soncit 900	33
Address: 156 W. Grage Ane. Apt. 2 Los Angeles Goncil 900 Street Business phone: (373)540-6908 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 characteristics of the state of the presiding officer or characteristics of the state of the st	

Date $1/25/17$	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the AD Hoc	CON MMIGRANT AFFAIRS ( ne of City Agency, Department, Committee or	OMMITTEC	}
Do you wish to provide general public	comment, or to speak for or against a propose	al on the agenda?	( ) Against proposal
Business or Organization Affiliation: EASTSIDE RISING ASSEMBLY-CALIFORNIA RISING (DALITION)			
Address: <u>1736</u> <u>HUNTINGTOR</u> Street Business phone: <u>323</u> 791 - 7012	NDR So LA, CA 90032 City Representing: 1ND/GENVOUS PEON	State PLAS	Zip
	D SPEAKER AND PROVIDE CLIENT INFO		w:
Client Name:		P	hone #:
Client Address: Street	City	State	Zip
Please see reverse of card for imp	ortant information and submit this entire card	to the presiding o	fficer or chairperson.

Date 125/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda lte $J - G$	em, or Case No.
I wish to speak before theN	ame of City Agency, Department, Committee or	hmittee Council	
Do you wish to provide general publi Name:	c comment, or to speak for or against a propose $\mathcal{WeZ}$	( )_Aga	proposal ainst proposal neral comments
Business or Organization Affiliation:	$  \cdot   P  $	2	
Address: 1016 E. J.4. B. Street	Los Angeles	CA 9 State Zip	011
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:	]
Client Name:		Phone #:	
Client Address:	City	State Zip	
Please see reverse of card for im	portant information and submit this entire card	to the presiding officer or (	chairperson.

Date 125717 THE CITY COUNCIL	L'S RULES OF	le No., Agenda Item, or Case No. 1 - 6
I wish to speak before the LA CITY COUNCL Name of City Agency, Dep	Lartment, Committee or Council	
Do you wish to provide general public comment, or to speak the	or or against a proposal on the age	nda? () For proposal
Name: MARTHA OFELLA JINENEZ		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation:	COMMITTEE FOR PEACE	= 4 SOCIAL JUSTICE
Address: <u>1134 H. HAZARD AVG</u> Street Business phone: <u>323</u> ) <u>394-2442</u> Representing:	CA City State	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PR		
Client Name:		Phone #:
Client Address:	City State	Zip
Please see reverse of card for important information and	submit this entire card to the presidi	ing officer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD
Date     THE CITY COUNCIL'S RULES OF     Council File No., Agenda Item, or Case No.       1/25/17     DECORUM WILL BE ENFORCED.     1-6
I wish to speak before the <u>ADH&amp; Zmmr avan</u> <u>AHADYS</u> <u>Committee</u> 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: <u>Whams Rign</u> () Against proposal (1) General comments
Business or Organization Affiliation: MEChA de Maya Angelov
Address: 5316 Laffron St Log Anyely (A 96011 Street Street Zip
Business phone: 323 239 7877 Representing:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address:
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 01 25 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	AD HOC ON Immigrant Affairs Name of City Agency, Department, Committee	Committee or Council
	public comment, or to speak for or against a propo	osal on the agenda? () For proposal
Name: ROSA TOV	ns	(X) General comments
Business or Organization Affiliat	ion: Esperanza Inmigr James M. Wood Blod City 3538 Representing: the Undocume	ant Rights Project
Address: 15'30 =	James M. Wood Blod	Los Ave eles VA 10013
Business phone 213)251 -	-3538 Representing: the Undocume	inted immigrant commun
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Please see reverse of card f	or important information and submit this entire car	d to the presiding officer or chairperson.

Date 1/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. I - 6
I wish to speak before the Name	HOC ON The Agency, Department, Committee or	Activirs	Committee
Name:	omment, or to speak for or against a proposa	al on the agenda?	<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliation:	Immigrant Defenders	lan ce	14R
Address: 057 - Opri Street Business phone: 213-239-30	G Representing: Unducum	State	Zip
	SPEAKER AND PROVIDE CLIENT INFOR		N:
Client Name:		Pł	none #:
Client Address: Street	City	State	Zip

Date 112512017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. I - G
I wish to speak before the	City Council AD HOC ON L Name of City Agency, Department, Committee	MMIGRANT AFFAIR Committee
Do you wish to provide gener	al public comment, or to speak for or against a prope	
Name: Evelyn Cer	den o-Nark	( ) Against proposal ( ) General comments
Business or Organization Affi	liation: Esperanze Immigrant &	ights Project
Address: 1530 Jam	er M. Wood hes Angeles	CA 90015 State Zip
011001	1-3504 Representing: Unaccompany	Children, unrepresented adults IN
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW: HOMKOMON
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

Date 01/25 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No. $\int - G$
I wish to speak before the <u>AD</u>	HOC. ON INMIGRANT AFFAIRS CONV Name of City Agency, Department, Commi	Niffee ttee or Council	
Do you wish to provide general	public comment, or to speak for or against a p	proposal on the agen	
Name: Mauro Terr	and		<ul> <li>Against proposal</li> <li>General comments</li> </ul>
	tion: ESPERANZA IMMIGRANT RIA		
Address: 1530 JAME	S M WOOD BLVD LOS ANGELES	CA	9016
Business phone: (213) 251-3	S M WOOD BLVD LOS ANGELES City SZZ Representing: The undocumented	Community and	the initialized community in gener
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

Date 1/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Hoc on Immigrant Affai		mittee	
	Name of City Agency, Department, Committee or	Council		
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agenda?	<ul> <li>( ) For proposal</li> <li>( ) Against proposal</li> </ul>	
Name: Katherine (	farcia		(X) General comments	
Business or Organization Affiliati	on: Immigrant Defenders L	aw Cer	ter	
Address: 634 Spring	st. Los Angeles	CA State	90014 Zip	
	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	W:	
Client Name:		P	hone #:	
Client Address:	City	State	Zip	
	or important information and submit this entire card t			

#### CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BULES OF DECORUM WILL BE ENFORCED. 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 ASON ESquivel Name: 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

CITY OF LOS ANGELES SPEAKER CARD -6
Date     THE CITY COUNCIL'S RULES OF     Council File No., Agenda Item, or Case No.       JAN 250017     DECORUM WILL BE ENFORCED.     Publec Courteents
I wish to speak before the <u>Pupplic Comment</u> 'S 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: <u>William Rodriguez Mennisch</u> () Against proposal () General comments Business or Organization Affiliation: <u>CHURENAUL Republicant Assembly Sender Director</u>
Address: 2728 CINCINNATI ST LUS Angeles CAL 90033 Street City State Zip
Business phone: 323-907-5806 Representing: Willimm Rodriguez Merrisen
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address:
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 01/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
	MM · ON FMM · Affair Name of City Agency, Department, Committee or C		
	blic comment, or to speak for or against a proposa	on the agenda? (	) For proposal
Name: MElOdy K	-lingentuss DACA St	sdentif	) Against proposal
Business or Organization Affiliation:			
Address: 989 Dav	Nee Are. LA	CA State	91313 Zip
Business phone:		5 C	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone	e #:
Client Address:	City	State	Zip
	important information and submit this antire cord to		

Date 1/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., ,	Agenda Item, or Case No. - 6
I wish to speak before the	Ad Hoc on Jmm; grant Affa Name of City Agency, Department, Commi	its Committee ttee or Council	
Do you wish to provide general j	public comment, or to speak for or against a p	proposal on the agenda?	(P) For proposal
Name: Yenny Urgui	119		<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliat	ion: Nove		
Address: 2328 West	-Blud Los Angeles	CA 9i State	Zip
Business phone:NIA-	Representing:	undocumented	andimmigrant
	A PAID SPEAKER AND PROVIDE CLIENT		
Client Name:		Ph	one #:
Client Address:	City	State	Zip
	or important information and submit this entir	e card to the presiding of	ficer or chairperson

CITY OF LOS ANGELES SF	EAKER CARD
Date 1725/17 THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	1-6
I wish to speak before the <u>Thumigration</u> Task Name of City Agency, Department, Co	Force mmittee or Council
Do you wish to provide general public comment, or to speak for or agains Name: MARK MASAOKA	at a proposal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation: $A \le IAN PACIFIC POL$ Address: $905 E. Bt Streef LAS$ Street City Business phone: $213 - 239 - 0300$ Representing:	90021
Street     City       Business phone:     213-239-030 G       Representing:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLI	
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.

Date 1/7 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.
o you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ame: <u>Keith</u> <u>James</u> <u>General comments</u> usiness or Organization Affiliation: <u>Rufuse TasCasM</u> , Org ddress: <u>Street</u> <u>City</u> <u>State</u> <u>Zip</u> usiness phone: <u>2139498082</u> Representing: <u>Representing</u>
HECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW!
lient Name: Phone #:
lient Address:

Data 125117	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 o	r Council	
Do you wish to provide general p	public comment, or to speak for or against a propos	al on the agenda?	() For proposal
Name: Bitty	Jaspendo		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliati	ion: Dreat Treay La	Drocke	25
Address:		5	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	N:
Client Name:		Pł	none #:
Client Address:	City	State	Zip
	or important information and submit this entire card		

Date Jan /73/7017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before theNa	ame of City Agency, Department, Committee o	r Council	
Do you wish to provide general public	c comment, or to speak for or against a propos	sal on the agenda?	<ul><li>( ) For proposal</li><li>( ) Against proposal</li></ul>
Name: Juan Vena	6 01225		(A) General comments
Business or Organization Affiliation: Foderación Poblana USA			
_		C4	9004
Address: <u>3965</u> Street	City	State	Zip
Business phone: 3736355	045 Representing: Director		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	N:
Client Name:		Pł	none #:
Client Address:	City	State	Zip
	portant information and submit this entire card		

CITY OF LOS ANGELES SPEAKER CARD			
Date     Image: The city council's rules of Decorum will be enforced.     Council File No., Agenda Item, or Case No.			
I wish to speak before the LA City Conncil Immigration Sul Committee Muting 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: Mulia Grad			
Business or Organization Affiliation: ILE OUT OF LA			
Address: 33/ Glenhurst Avc Los Angells CA 90039 City State Zip			
Business phone: Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name: Phone #:			
Client Address:			
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.			

Date 25 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda	Item, or Case No.
I wish to speak before theNam	me of City Agency, Department, Committee	or Council	
Do you wish to provide general public of	comment, or to speak for or against a prop	oosal on the agenda? ( ) F	or proposal
Name: Pasado	le hombardo		Against proposal General comments
Business or Organization Affiliation:	National Lawyer (	Jul	
Address: 1010 Street		LI lendale CA	91202
Street Business phone: 323-627-58	City 74 Representing:	State Zi	p
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #	i
Client Address:			
Client Address: Street	City	State Zi	p

Date 1/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No. - 6
I wish to speak before the	n' grout A flaste Com e of City Agency, Department, Committee or (	mitte	
Do you wish to provide general public c	omment, or to speak for or against a proposa	I on the agenda	? ( ) For proposal
		0	() Against proposal
Name: GILISERS	SAUCESO		Ceneral comments
Business or Organization Affiliation:		112	
Address: <u>740</u> . Olympi Street Business phone: (213) 7448 -082	Contrato Los Angen	C/A	70025 Zip
Business phone: 213 7448 -080	K Representing:		шр
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION BELO	W:
Client Name:		P	hone #:
Client Address:	City	State	Zip
Sueer	City	Sidia	μ
Please see reverse of card for impo	rtant information and submit this entire card to	o the presiding c	officer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD			
Date 12517 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No. - 6	
I wish to speak before the <u>OFY</u> Council Name of City Agency, Department, Comm	nittee or Council	•	
Do you wish to provide general public comment, or to speak for or against a Name: Manuel Millanveu a.		da? ( ) For proposal (≫) Against proposal ( ) General comments	
Business or Organization Affiliation: ROC - CA			
Address: 1730 w. Olympic Blud Sta 300 M Street City	CA 90015	Zip	
Business phone: 323 3651309 Representing: MC		Ζιμ	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address: City	State	Zip	
Please see reverse of card for important information and submit this enti	re card to the presidin	g officer or chairperson.	

Date 12517	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the _SC	Name of City Agency, Department, Committee	or Council	
FAINA	ublic comment, or to speak for or against a propo NONVOY on: CUITOVNIA IMM. Jou		() Against proposal
Address:	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	<i>N</i> :
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip
Please see reverse of card for	or important information and submit this entire car	d to the presiding or	fficer or chairperson.

Date THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCE	PC 1-6		
	+ Affairs Committee		
Name of City Agency, Department, Con	mmittee or Council		
Do you wish to provide general public comment, or to speak for or agains Name: Lindsay Tozzy lowski	t a proposal on the agenda? ( ) Against proposal ( ) General comments		
Business or Organization Affiliation:	tenders Law Center		
Address: <u>634</u> S. Spring St. Floor IC			
Street City State Zip			
Business phone: 23634718 Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:		
Client Name:	Phone #:		
Client Address:			
Street City	State Zip		
Please see reverse of card for important information and submit this e	entire card to the presiding officer or chairperson.		

	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before theA	City Council	×.	
Name	of City Agency, Department, Committee o	r Council	
Do you wish to provide general public con Name: <u>Yamilex</u> Rust Business or Organization Affiliation:		sal on the agenda? HiCS	For proposal ( ) Against proposal General comments
Address:			
Business phone: (\$16)260-199	City City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT INFO	RMATION BELOV	V:
Client Name:		Ph	one #:
Client Address:			
Street	City	State	Zip

C	ITY OF LOS ANGELES SPEAKE	R CARD	
Date 25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No. 7
I wish to speak before the	A City Council Name of City Agency, Department, Committee	or Council	
	lic comment, or to speak for or against a property of the second		P For proposal ( ) Against proposal General comments
Address:Street	City	State	Zip
	Representing:		1
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	hone #:
Client Address:	City	State	Zip
Please see reverse of card for i	mportant information and submit this entire ca	rd to the presidina o	fficer or chairperson.

СІТҮ	OF LOS ANGELES SPEAKER	CARD	
Date 25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
	of City Agency, Department, Committee or	Council	
Vimilax filst	omment, or to speak for or against a proposa NIAN hildren Over Poutics		For proposal (), Against proposal General comments
	monorover pouries		1
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION BELC	W:
Client Name:		P	Phone #:
Client Address: Street	City	State	Zip
Please see reverse of card for impor	tant information and submit this entire card t	to the presiding of	officer or chairperson.

CITY OF LOS ANGE	LES SPEAKER	CARD	- 6
Date THE CITY COUNCIL'S DECORUM WILL BE		Council File No., Ag	enda Item, or Case No. 9 MHEE
I wish to speak before the <u>AB</u> HOC on <u>Jm</u> Name of City Agency, Depar	migrahon A-	Council	/
Do you wish to provide general public comment, or to speak for	r or against a proposa	I on the agenda? (	
Name: Gloria Saucedo		(	) Against proposal ) General comments
Business or Organization Affiliation: Hermudod	Mexicana	- 7-	
Address: 7915 Van Nuy 5 Blok	Panorama	City Ca,	912962
Business phone (3/6) 789-30/9 Representing:	7	guito	2.p
CHECK HERE IF YOU ARE A PAID SPEAKER AND PRO	VIDE CLIENT INFOR	MATION BELOW:	
Client Name:		Phor	ne #:
Client Address: Cit	У	State	Zip
Please see reverse of card for important information and su	ubmit this entire card to	o the presiding offic	er or chairperson.

Date 125/2017 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 hoc Committee on immig</u> Name of City Agency, Department, Committee or	munt affairs Council
Do you wish to provide general public comment, or to speak for or against a propose Name: Devon Porter	al on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation: ACLU of Southern	Callfornia
Address: 1313 W 8th St. Los Angeles Street	CA 90017 State Zip
Business phone: (213)977-5224 Representing: ACLU of Sou CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:	Phone #:
Client Address: Street City Please see reverse of card for important information and submit this entire card	State Zip to the presiding officer or chairperson.

I wish to speak before the       LDB AMALLA LAM Connect.         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 on the agenda? ( ) Against ( )	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For prop () Against Name: (VI) HIG ACCORD-BACKER (V) General	
Name: <u>Mathia Anderbon-Barker</u> () Against Business or Organization Affiliation: <u>NAFIPNAJ LANDER</u> build Address: <u>1448 CINB VEN DE LA</u> CA 9003	
Business or Organization Affiliation: <u>MATIPNAJ LANDER build</u> Address: <u>1448 CINB VIEW DE LA CA 9008</u> Street 381-3246 City State Zip Business phone: Z13 381-3246 Representing:	
Address: 1448 Jub VIEW DE LA GA 9003 Street 381-3246 City State Zip Business phone: ZI3 381-3246 Representing:	
Business phone: Z13 3BI-3240 City State Zip	-4
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: Phone #:	
Client Address:	
Client Address:Street City State Zip	

Date 1-225,17	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	LES OF	le No., Agenda Item, or Case No.
I wish to speak before the	ment and ment	t, Committee or Council	
Do you wish to provide general public Name: $\frac{1}{2}$	Trusta	n	enda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation:	Tch for Con	# Social Ofthe	$\geq$
Address: 3324 Stockby	dre LA	/	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE	CLIENT INFORMATION B	ELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip
Please see reverse of card for imp			

Date AM 23, 2017	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO		Council File No.	Agenda Item, or Case No.
I wish to speak before the Ad H Nam	OC COMMITCE O ne of City Agency, Departmen	n MMgpu t, Committee or Co	W Affai Duncil	VS
Do you wish to provide general public of	comment, or to speak for or a	gainst a proposal c	on the agenda?	?()For proposal ()Against proposal
Name: And that	<u> </u>			() General comments
Business or Organization Affiliation:	Minica Romeno	<u>^</u>		
Address: 123 S. Alvara	ido strail i cos	Angeles	CA.	90057
Business phone: $(213)$ 20-835	City 3 Representing:	Ĵ	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE	CLIENT INFORM	IATION BELO	W:
Client Name:			P	hone #:
Client Address:	City		State	Zip
Please see reverse of card for impo	ortant information and submit	this entire card to	the presidina a	officer or chairperson.

	*				
Date 01/25/17	THE CITY COUNCIL'S RULI DECORUM WILL BE ENFO		Council File No.	, Agenda Item, or Case 1-6	e No.
i mon to opean benere the	zl-Hoc Commit. Name of City Agency, Department,			tr	
Do you wish to provide general pul	blic comment, or to speak for or aga	ainst a proposal	I on the agenda?		
Name: Carlos Vague	rand			<ul> <li>Against propo</li> <li>General com</li> </ul>	
Business or Organization Affiliation	SALEF-Salvadoran,	American	lache elip.	#Elucation	fun
Address: 4015 Bite Street	1 St. Svik"A"	LA	State	200 Zip	17
Business phone: 23 1480-10	252 Representing:		State	Ζφ	
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE (	LIENT INFOR	MATION BELO	w:	
Client Name:			P	hone #:	
Client Address:	City		State	Zip	
Please see reverse of card for	important information and submit th	nis entire card to	o the presiding c	officer or chairpers	on.

Date Jon 25, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the N	A. City Council Ad Loz Com o Jame of City Agency, Department, Committee of	n Anni gret	to
	lic comment, or to speak for or against a propo	sal on the agenda?	<ul><li>For proposal</li><li>Against proposal</li></ul>
Name: TSMAEL 1	ARPA		(L) General comments
Business or Organization Affiliation:	National Writers Union		
	Λ	CA	SHO63
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO		
Client Address: Street	City	State	Zip
Please see reverse of eard for it	montant information and submit this entire car	d to the presiding of	ficer or chairperson

Date )-25-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before theNan	HOP The The A- ne of City Agency, Department, Committee or	Council	
Do you wish to provide general public	comment, or to speak for or against a proposi-	al on the agenda	? (H) For proposal
	Alta med Health		() Against proposal
Business or Organization Affiliation:	Alta med bealt	Series	
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	w:
Client Name:		P	'hone #:
Client Address:			_
Street	City	State	Zip
Please see reverse of card for imp	ortant information and submit this entire card	to the presiding of	officer or chairperson.

C	CITY OF LOS ANGELES SPEAK	KER CARD	
Date 25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Iten	n, or Case No.
I wish to speak before the	A City Name of City Agency, Department, Committee	ee or Council	
Do you wish to provide general pu Name:	blic comment, or to speak for or against a pro $\frac{1}{12}$ n: <u>SETU</u> USWU	oposal on the agenda? () For p () Again () Gene	roposal nst proposal eral comments
Address:Street	City	State Zip	
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:	City	State Zip	
Please see reverse of card for	important information and submit this entire	card to the presiding officer or ch	airperson.

CITY OF LOS ANGELES SPEAKER CARD			
Date 12517	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the A A Nam	HOC e of City Agency, Department, Committee or	Council	
Name: Riche Muss	comment, or to speak for or against a proposa <u>re</u> atim Coalition of 1	() Against proposal () General comments	
Address:	City Representing: Latino (sal	State Zip Thom of L. P. P. A.G.	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:	
Client Name:		Phone #:	
Client Address: Street	City	State Zip	

Date 1/2517	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the A	e of City Agency, Department, Committee or 0	Council
Do you wish to provide general public co	omment, or to speak for or against a proposa	
Name: Sophin Cor	ter.	<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation:	ANA Latino (da	lition of L.A. PAC
Address:Street	City	State Zip e
Business phone: 94927565		no coalition of MAPAR
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Street	City	State Zip

	and a state of the second s		
	TY OF LOS ANGELES SPEAKER	CARD	
Date JJS/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Agenda Item, or Case No.
i mon to opean belete the	ame of City Agency, Department, Committee or	Council	
Name: <u>Angel Elizab</u> Business or Organization Affiliation:	Children Over Politics		? (For proposal () Against proposal General comments
Address: Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A PA	NID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELC	DW:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card for in	nportant information and submit this entire card	to the presiding	officer or chairperson.

C	ITY OF LOS ANGELES SPEAK	KER CARD 1-6
Date 1/25/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Public Comment	
1	Name of City Agency, Department, Committ	tee or Council
Do you wish to provide general pub	lic comment, or to speak for or against a pr	roposal on the agenda? ( ) For proposal
Name: RAUL	HINDJOSA VIIA	<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation	UCLA	
Address: Bung	-Le [+p1] Los	Angles (A
Street Business phone: 310 415	$\frac{16}{8236} \frac{(+26)}{\text{Representing}} \frac{165}{26}$	State Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
	City	State Zip

I wish to speak before the NO HOE OW TIME CORATION	DEALES
I wish to speak before the Name of City Agency, Department, Committee or Co	uncil
Do you wish to provide general public comment, or to speak for or against a proposal o Name: MINC KRMANDO	n the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation: Address: 3442 ADRO (D Secondo), M.C.A Business phone: 213 944-444 Representing:	ROOBS State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORM	ATION BELOW:
Client Name:	Phone #:
Client Address:	State Zip

Date 1-25-19	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the <u>Ad</u>	Hoc on Immigrant Affair Name of City Agency, Department, Committee	<u>5 Comm</u> or Council	ittee
Do you wish to provide general p	public comment, or to speak for or against a prop	osal on the agenc	
Name: Leonardo C	husán		( ) Against proposal () General comments
Business or Organization Affiliation	on: Latino Coulition of lo	s Angeles	PAC/CARESING
Address: 4073 Irving	g PL Culver City City	State	90232 Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BEL	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip
	or important information and submit this entire ca		