

# CITY OF LOS ANGELES SPEAKER CARD

17-0090

**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  
6/6/17

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

Council File No., Agenda Item, or Case No.  
Item 1

I wish to speak before the Health 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: Amy Amy Andersen

Business or Organization Affiliation: PATH Ventures

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

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

# CITY OF LOS ANGELES SPEAKER CARD

Date

MAY 7, 2017

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

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

ITEM 1

I wish to speak before the

JOINT HOMELANDS & HOUSING

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: TUTTAYES

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 9/17/12

**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 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: Fuck

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

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

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XAWIEV

CITY OF LOS ANGELES SPEAKER CARD

DOJ PIV# 490853

Date  
06/7/2017

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

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

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: MOUNTAINS OF ADVOCACY HERMAN  
Business or Organization: AB 1618

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

Business phone: \_\_\_\_\_  
Representing: HOMELESS WAR

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

Client Name: COHEN CALIFORNIA  
Client Address: \_\_\_\_\_  
State Zip



Please see reverse side of entire card to the presiding officer or chairperson.

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Date

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

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

~~F7009~~

#1

I wish to speak before the

Housing and Homelessness/Poverty  
Name of City Agency, Department, Committee or Council

HHH

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:

Stephanie Klasky-Gamer

Business or Organization Affiliation:

LA Family Housing

Address:

7843

Street

Lankershim

City

North Hollywood

State

91605

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.