

CITY OF LOS ANGELES SPEAKER CARD

#3

Date

6.29.09

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

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

08-3125

I wish to speak before the

AD HOC COMMITTEE ON HOMELESSNESS

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:

CHRIS PLOURDE

Business or Organization Affiliation:

Address:

118 WAVECREST AVE

Street

VENICE

City

CA

State

90291

Zip

Business phone:

310-721-0652

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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CITY OF LOS ANGELES SPEAKER CARD

#3

Date
6/29/09

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

Council File No., Agenda Item, or Case No.
08-3125 (3)

I wish to speak before the Ad hoc Committee on Homelessness
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: LINDA LUCKS () General comments

Business or Organization Affiliation: _____

Address: 30 Wave Crest Ave Venice CA 90291
Street City State Zip

Business phone: 310-450-2554 Representing: Self

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Client Address: _____
Street City State Zip

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

2

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
Name: Challis Macpherson () Against proposal
() 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:

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Client Address: _____
Street City State Zip

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3

I wish to speak before the

~~Steve Clave~~ Steve Clave Ad Hoc Committee on homelessness

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:

V Steve Clave

Business or Organization Affiliation:

Venice Community Housing Corp

Address:

720 Rose Ave Venice CA 90291

Street

City

State

Zip

Business phone:

Representing:

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Phone #:

Client Address:

Street

City

State

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Date 6/29/09

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

I wish to speak before the Ad Hoc Homeless 08-3125
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: CAROLYN RIOS Against proposal
 General comments

Business or Organization Affiliation: _____

Address: 754 California Venice Ca 90291
Street City State Zip

Business phone: 310-821-7922 Representing: _____

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Date

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

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

17-3125 #3

I wish to speak before the

Ad Hoc Committee on Homelessness

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: David Ewing

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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CITY OF LOS ANGELES SPEAKER CARD

Date

**THE CITY COUNCIL'S RULES OF
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Council File No., Agenda Item, or Case No.

3

I wish to speak before the

Ad Hoc / Forwarding 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:

Booker Pearson

Business or Organization Affiliation:

Upward Bound High

Address:

8331
Street

Delkany Ave
City

Los Angeles
State

90293
Zip

Business phone:

310 699 1231

Representing:

Upward Bound

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Client Name:

Phone #:

Client Address:

Street

City

State

Zip

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CITY OF LOS ANGELES SPEAKER CARD

Date

10-29-09

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

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

08-3125 # 3

I wish to speak before the

Ad Hoc Committee on 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

General comments

Name: Peggy Lee Kennedy

Business or Organization Affiliation:

Address:

P.O. Box 2881 Venice

CA

90291

Street

City

State

Zip

Business phone

310 398 7192

Representing:

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

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State

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6/29/09

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

1

I wish to speak before the Ad Hoc Homelessness
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: Monica Martinez

Business or Organization Affiliation: Downtown Women's Center

Address: 325 S. Los Angeles St. LA CA 91107
Street City State Zip

Business phone: (213) 680-0600 Representing: _____

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Client Address: _____
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6-29

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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: De De Audet

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: _____

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State

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