

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

1/13/15

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

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

5 14-13770

I wish to speak before the

TRADE & TOURISM 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:

FRED DiBERNARD

Business or Organization Affiliation:

LAWARC

Address:

577

Street

W. 9TH ST SAN PEDRO

City

State

Zip

Business phone:

310-872-8680

Representing:

LAWARC

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

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Date

1/13/2015

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

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

ITEM 5 14-1330

I wish to speak before the TRADE, Commerce AND Tourism 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
(X) General comments

Name: Peter Califano

Business or Organization Affiliation: _____

Address: 638 W 9th St San Pedro Ca 90731
Street City State Zip

Business phone: 310-521-1000 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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CITY OF LOS ANGELES SPEAKER CARD

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Date

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

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

#5 14-13770

I wish to speak before the

Trade, Commerce & Tourism 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: MIKE HARPER

Business or Organization Affiliation:

LOS ANGELES WATERFRONT ACCESS & REDEVELOPMENT COALITION

Address: 2834 GRAYSON AVE San Pedro CA 90732

Street

City

State

Zip

Business phone: (310) 856-9951 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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CITY OF LOS ANGELES SPEAKER CARD

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14-13770

Date 1-15

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

Council File No., Agenda Item, or Case No. 5

I wish to speak before the Trade Commerce Trade Comm.
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: John Repedakis () Against proposal
() General comments

Business or Organization Affiliation: self

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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CITY OF LOS ANGELES SPEAKER CARD

Speak 1st

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14-1370

Date
1-13-15

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED

Council File No., Agenda Item, or Case No.
Item #5

I wish to speak before the Trade Commerce & Tourism 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
(x) General comments

Name: Joseph Rah

Business or Organization Affiliation: Rich Development Co.

Address: 1600 N Western Ave San Pedro CA 90732
Street City State Zip

Business phone: (310) 542-3320 Representing: LAWARC

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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