

CITY OF LOS ANGELES SPEAKER CARD

15-0457

**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 4/22/15

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

Council File No., Agenda Item, or Case No.
12

I wish to speak before the T. Council
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: ED SIMMONS

Business or Organization Affiliation: SPT MUNICIPAL SERVICES

Address: 3470 WILSHIRE BL. L.A. CA 90010
Street City State Zip

Business phone: 213-488-375 Representing: SPT

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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Date

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

12

I wish to speak before the _____

T 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: Julie Dixon

Business or Organization Affiliation: Dixon Resources Unlimited

Address: 3639 Midway Dr, Ste B348 San Diego CA 94110

Street

City

State

Zip

Business phone: 213 716 6933

Representing: DIXON

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Client Address: _____

Street

City

State

Zip

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DECORUM WILL BE ENFORCED.**

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

12

I wish to speak before the

T-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:

Tim McOster

Business or Organization Affiliation:

Glaser west

Address:

333 S. Hope St.

Street

3700

City

LA, CA

State

90071

Zip

Business phone:

310 550 7670

Representing:

SP Plus

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



Client Name:

SP PLUS

Phone #:

Client Address:

Street

City

State

Zip

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Date

4/22/15

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DECORUM WILL BE ENFORCED.**

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

12

I wish to speak before the

TRANSPORTATION COMMITTEES

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:

ANDREW KUGLER

Business or Organization Affiliation:

MAYER BROWN LLP

Address:

350 S. GRAND AVE 25th FL. LA, CA 90071

Street

City

State

Zip

Business phone:

213-229-9500

Representing:

SERCO

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



Client Name:

SERCO

Phone #:

Client Address:

Street

City

State

Zip

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Date

4/22/18

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

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

12

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: _____

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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CITY OF LOS ANGELES SPEAKER CARD

Item ~~31~~

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Date 4-22-15

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

Council File No., Agenda Item, or Case No. 12

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: christine Margiotta ✓ Business or Organization Affiliation: _____

Address: _____ Street City State Zip

Business phone: _____ Representing: Public Interest

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

Client Name: homeless herm. Phone #: _____

Client Address: _____ Street City State Zip