

CITY OF LOS ANGELES SPEAKER CARD

15-1033

**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

2-17-2015

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

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

51

I wish to speak before the

City 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

REV
Name: Charles Harrell

() Against proposal
() General comments

Business or Organization Affiliation:

SEIU 721

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

DNS

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Date

02-17-16

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

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☐ Against proposal

☐ General comments

Name: Simboa Wright

Business or Organization Affiliation: SSIU 721

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 Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

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☒ For proposal

☐ Against proposal

☐ General comments

Name:

Carmen Hayes-Walker

Business or Organization Affiliation:

AFSCME Local 3090

Address:

514 Shatto Pl 3rd Fl Los Angeles 90020

Business phone:

Street

(213) 487-9887 x338

City

Representing:

LA City Clerical

State

Zip

+adm Support

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Client Name:

Phone #:

Client Address:

Street

City

State

Zip

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- ☒ For proposal
☐ Against proposal
☐ General comments

Name: Dr Malley Rhodes

Business or Organization Affiliation:

SEIU 721

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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