

# 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 08 24 16

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

Council File No., Agenda Item, or Case No. 4

Transp Comm

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: Dr Tom Williams

Business or Organization Affiliation: City of Los Angeles Safe Comm.

Address: \_\_\_\_\_  
Street City State Zip 90032-1712

Business phone: \_\_\_\_\_ Representing: Sen Tedy Aguir

**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

8/24/16

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

3 (4)

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: Patricia McAllister

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Date  
8-24-16

**THE CITY COUNCIL'S RULES OF  
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Council File No., Agenda Item, or Case No.  
4

I wish to speak before the Transportation  
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: Antonia Gomez

Business or Organization Affiliation: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Address: \_\_\_\_\_  
Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

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NOTE: THIS IS A  
YOU ARE NOT R'  
EXCEPT TO THE I

State Capitol  
P.O. Box 942849  
Sacramento, CA 94249-0053  
(916) 319-2053  
Fax: (916) 319-2153

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 Against proposal comments

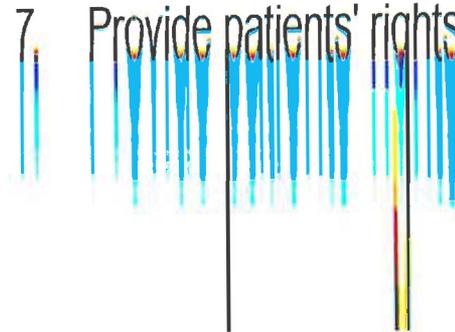
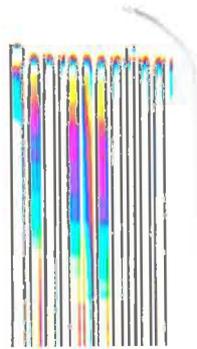
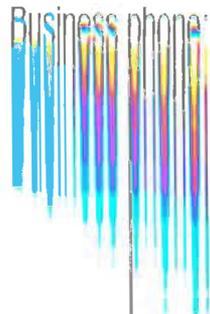
Name: ASSHOLE = heeman

Business or Organization Affiliation: HomelessNES 4

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

6. Provide peer-self  
advocacy services for  
people with psychiatric or  
developmental disabilities life

7. Provide patients' rights



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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: Peppita Pig (X) General comments

Business or Organization Affiliation: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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*Transp Comm*  
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Against proposal

( ) General comments

Name: \_\_\_\_\_

*Dr Tom Williams*

Business or Organization Affiliation: \_\_\_\_\_

*City Coal. Safe Comm.*

Address: \_\_\_\_\_

Street

City

State

Zip

*90032-1712*

Business phone: \_\_\_\_\_

Representing: \_\_\_\_\_

*Sen Tedy Ader*

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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: Patricia McAllister

Business or Organization Affiliation: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
( ) Against proposal  
Name: Antonia Ramirez ( ) General comments

Business or Organization Affiliation: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Name: