

CITY OF LOS ANGELES SPEAKER CARD

16-0319

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 1/23/17

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

Council File No., Agenda Item, or Case No. ITEM 2

I wish to speak before the Health, Mental Health & Education 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? (X) For proposal ( ) Against proposal ( ) General comments

Name: Jecilyn Stapleton

Business or Organization Affiliation: California NOW

Address: 6810 Coluenga Park Trail L.A CA 90068 Street City State Zip

Business phone: 916 4423414 Representing: California NOW

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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Date 1-23-17

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

Council File No., Agenda Item, or Case No. 2

I wish to speak before the Health 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: Shirley Lee Wang, MD

Business or Organization Affiliation: Anti Family Health Clinic

Address: 2220 E 14<sup>th</sup> St. Los Angeles CA 90033  
Street City State Zip

Business phone: 323-266-8050 Representing: NARAL

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Date

1/23/17

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

Item (2) 16-0319

I wish to speak before the Health, Mental Health, & Education 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: Nancy Wayne

Business or Organization Affiliation: UCLA School of Medicine

Address: Department of Physiology 10833 Le Conte Ave LA, CA 90095  
Street City State Zip

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

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Date

1/23/2017

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

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

#2

I wish to speak before the

Health, Mental Health, Ed Com

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:

Rabbi Joel Thal Simons

Business or Organization Affiliation:

Religious Action Center of Reform Judaism

Address:

11960 Sunset Blvd

Street

CA

City

CA

State

90045

Zip

Business phone:

310-663-4252

Representing:

Reform Jews

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Client Name:

Phone #:

Client Address:

Street

City

State

Zip

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Date Jan 23 2017

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

Council File No., Agenda Item, or Case No.  
Item 2

I wish to speak before the Health Mental Health & Education 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: Dr Chen

Business or Organization Affiliation: OB GYN

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

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

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Date

1/23/17

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

#2

I wish to speak before the \_\_\_\_\_

Health, Mental Health + Education 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

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

Rabbi Julie Bressler

(X) General comments

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

Religious Action Center of Reform Judaism

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

1526 S Shenandoah St #301 Los Angeles

CA

90035

Street

City

State

Zip

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

925-788-9307

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

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

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Council File No., Agenda Item, or Case No.  
16-0319

I wish to speak before the Council Health 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? about CPCs' ads  
 For proposal  
 Against proposal  
 General comments

Name: Karen Gilman

Business or Organization Affiliation: California Religious Coalition for Reproductive Choice

Address: 4941 Elmwood LA CA 90044  
Street City State Zip

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

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Date  
01/23/2017

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

Council File No., Agenda Item, or Case No.  
Item # 2

I wish to speak before the Health, Mental Health and Education 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  
Name: Megan Koester (X) General comments

Business or Organization Affiliation: N/A

Address: 555 N. Westmoreland Ave Los Angeles CA 90004  
Street City State Zip

Business phone: 323 358 3148 Representing: Self

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Item # 2

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01/23/2017

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I wish to speak before the Health, Mental Health, and Education 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  
Name: Andrea Vancura ( ) General comments

Business or Organization Affiliation: N/A

Address: 11473 VENICE BLVD #5 LOS ANGELES CA 90066  
Street City State Zip

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

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Date 1/23/17

Agenda Item 2

I wish to speak before the BOARD OF PUBLIC WORKS  
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: The Puppets (X) General comments

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

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

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

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