

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Carmen Cruz

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

I represent: New York Taxi Workers Alliance

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

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 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Veronica Martinez

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

I represent: New York Taxi Workers Alliance

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

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Appearance Card

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 in favor  in opposition

Date: 3/12/26

(PLEASE PRINT)

Name: Sean Ryan

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

I represent: Disabled IN Action

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

Please complete this card and return to the Sergeant-at-Arms

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in favor  in opposition

Date: 3/12/26

(PLEASE PRINT)

Name: JOE RAPPAPORT

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

I represent: BROOKLYN CENTER FOR

Address: INDEPENDENCE OF THE DISABLED

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in favor  in opposition

Date: 3/12/26

(PLEASE PRINT)

Name: JUSTIN WOOD

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

I represent: NY LAWYERS FOR THE

Address: PUBLIC INTEREST

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Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Midori Valdivia

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

I represent: TLC chair Nominee

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

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. MOCC 11.

in favor  in opposition

Date: 3/12/26

Name: ADRIANO AVERZANO (PLEASE PRINT)

Address: 10 Clinton St. Brooklyn, NY

I represent: myself

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

*Rules  
Committee*

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in favor  in opposition

Date: \_\_\_\_\_

Name: Richard Chow (PLEASE PRINT)

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

I represent: New York Taxi Workers Alliance

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

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in favor  in opposition

Date: 3-12-2026

Name: Wain Chin (PLEASE PRINT)

Address: 35 Bay 32<sup>nd</sup> St Brooklyn NY 11214

I represent: NYTWA

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

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*Rules  
Committee*

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Bhairavi Desai

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

I represent: New York Taxi Workers Alliance

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

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Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Michael Simon

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

I represent: Myself

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

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Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Karl Edwin Archbold

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

I represent: Interpreter Spanish

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

Please complete this card and return to the Sergeant-at-Arms