	CITY OF LOS ANGI		CARD	DNS
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NOTE: THIS	IS A PUBLIC DOCUMENT SUI T REQUIRED TO PROVIDE PE			
EXCEPT TO TH	IE EXTENT NECESSARY FOR			
Date 8 26/15	THE CITY COUNCI DECORUM WILL B		(19)20	enda Item, or Case No. HD MELESSNESS
I wish to speak before the				
Do you wish to provide general p Name: DAWN DA Business or Organization Affiliation	VIS		4) Against proposal General comments
			CA	90015 Zip
Address: 1.355 So H_{O} Business phone: 424354	7257 Representing:	Myself	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	OVIDE CLIENT INFO	RMATION BELOW:	
Client Name:			Phon	e #:
Client Address:		Sity	State	Zip
Please see reverse of card for	or important information and	submit this entire card	to the presiding office	er or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

YOU ARE NOT REG	UBLIC DOCUMENT SUBJECT TO POSTING ON UIRED TO PROVIDE PERSONAL INFORMATION TENT NECESSARY FOR THE PRESIDING OFFIC	IN ORDER TO SPEAK,		
Date 8/26/14 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
	comment, or to speak for or against a propose $R + S = 0$			
Address: 655 S. Hop	City	CA 90017 State Zip		
Business phone: 3/0-293-332 Representing:				
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 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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 26/15 **DECORUM WILL BE ENFORCED.** City Coursel 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 Name: BETSI STARMAN (General comments Business or Organization Affiliation: home conce 90013 Address: 312 W. 57h ST 1115 Street City A State Business phone: 283267793 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.