	CITY OF LOS ANGEI	ES SPEAKER	CARD	,	
Date 9/3/08	THE CITY COUNCIL'S DECORUM WILL BE		Council File No., A		Case No.
wish to speak before the	AHTA				
Do you wish to provide general	public comment, or to speak for			() Against p	
Business or Organization Affiliat	ion: Healthier			•	
Address: 160 6 Street Business phone: 323 468 8			State 9	9028 Zip	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT INFO	RMATION BELOW	/:	
Client Name:			Pho	one #:	
Client Address: Street	Cit	v	State	Zip	

,		4			
Date 9/3/08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
wish to speak before the RISN	ame of City Agency, Department, Committee of	or Council)			
	ic comment, or to speak for or against a propos				
Name: ESTHER S	CHILLER	() Against proposal () General comments			
Business or Organization Affiliation:	S.A.F.E. SMKEFREE ALL	2 FOR EVERYONE			
Address: 107ZZ WHIT	E OAK AVE #5, GRANA	DA HILLS CA 91344			
Business phone: 8 8 363-4		State Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:	City	State Zip			
Street	City	State Zip			

CITY OF LOS ANGELES SPEAKER CARD

<u>Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.</u>

CITY OF	LOS ANGELES SPEAKER	CARD	i z
	E CITY COUNCIL'S RULES OF CORUM WILL BE ENFORCED. ORKS, Wlath, 4 agina	08-15,	enda Item, or Case No.
Name of (City Agency, Department, Committee or	Council	
Do you wish to provide general public common Name: <u>FRICA HAIChak</u> Business or Organization Affiliation: <u>AM</u>		(For proposalAgainst proposalGeneral comments
	J	i	
Address:Street	City	State	Zip
Business phone:			
CHECK HERE IF YOU ARE A PAID SPE	EAKER AND PROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:			

State

Zip

City

Street

CITY OF LOS ANGELES SPEAKER CARD

Date 0-3-08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	1 22/	, Agenda Item, or Case No. 98 — 15 4 4
I wish to speak before the	B PaWS, Health & Name of City Agency, Department, Comr	Agres CM nittee or County	te
Do you wish to provide general p	oublic comment, or to speak for or against a	proposal on the agenda	? For proposal
Name: DAVID ROSC	· >		Against proposal General comments
Business or Organization Affiliati	on: Amenican Heart	ASSIN.	
Address: SIQ S. 1	ravieroa St., LA,	CA 9001	7
Street Business phone: 23-241-	1000 Representing: Amen	can teast.	Zip
•	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELC	w:
Client Name:		F	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 SPEAK	EN CAND	
Date 9-3-08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ac	genda Item, or Case No.
I wish to speak before the	APHA Name of City Agency, Department, Committe		790 +1
Do you wish to provide general p	public comment, or to speak for or against a pro	posal on the agenda? (
Name: Monty	Messex	() Against proposal) General comments
Business or Organization Affiliati	ion: CA County Public	Health T	obacco Confe
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT II		ne #:
Olletti Natile.		r no	110 m.
Client Address:	Al.	24	
Street	City	State	Zip ,

,	CITY OF LOS ANGELES SPEAK	ER CARD	
Date 9 3 0%	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
			07-1790 #1
wish to speak before the	irts, Parks, Health and Agina	Committee	08-1544 #
	Name of City Agency, Department, Committee	e or Council	
_	public comment, or to speak for or against a pro	posal on the agenda	?(√) For proposal ()Against proposal
Name: Alisha lopez			() General comments
· · · · · · · · · · · · · · · · · · ·	ion: Coalition for a Tobacco Free	LA County	
Address: 6801 Coldw	ater Canyon Ave. No. Hollywood	d CA	91605
301 - 6	· · · · · · · · · · · · · · · · · · ·	State	Σήμ
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			1
Street	· City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD

Date 9/3/08	i -	INCIL'S RULES LL BE ENFORC		Council File	e No., Agenda Item, and	or Case No.
I wish to speak before the	AZTG TAZKG	HEALTH	+76) AL	07-179	14 # 2
	Name of City Agency,	Department, Co	numittee or c	Ouricii		
Do you wish to provide general		eak for or again	st a proposal	on the age		
Name: RILH PEIZE	ミレックアー				(L)-Agains () Gener	st proposal al comments
Business or Organization Affiliat	tion: Ligar Ga	toplia	2018			
Business or Organization Affiliat Address: Street	Wilshia Bl.,	LOS 17+1	FLES	60	900 K	
		•		State	Zip	
Business phone: <u>こパ ダ</u> ゲ	- 7965 Representin	ıg:			~	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLI	ENT INFOR	MATION B	ELOW:	
Client Name:					Phone #:	
Client Address:					•	
Street		City		State	Zip	

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