## 

Date 09-02-09	THE CITY COUNCIL'S F		Council File No., Ager	nda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	Cetta nent, Committee or	Council	
	public comment, or to speak for o	r against a propos		) For proposal ) Against proposal
Name: VONN	e Michelle	AUGH	(	) General comments
Business or Organization Affilia	tion: MEBAP	fratal	A	1 1010
Address:	ie war ce	, HER	T 534	- XXX 90014
Business phone:	City	Sch	Cemments	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFO	RMATION BELOW:	
Client Name:			Phone	 e #:
Client Address:			0	
Street	City		State	Zip
Please see reverse of card	for important information and sub	mit this entire card	to the presiding office	er or chairperson.
	NOTE: THIS IS A PUI	BLIC DOCUMENT	Γ.	

CITY	yan Ya	LOS	ANGELES	SPEAKER	\RE
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Date	09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak befo	pre the <u> </u>	A Name of City Agency, Department, Committee o	r Council	
Do you wish to prov Name:	vide general pu EH	ublic comment, or to speak for or against a propose $\mathcal{O}\mathcal{N}\mathcal{T}$	al on the agenda?	()For proposal () Against proposal () General comments
Business or Organi	zation Affiliatio	n:		
Address:	Street	City	State	Zip
Business phone: _		Representing:		
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	<i>W</i> :
Client Name:			Pł	none #:
Client Address:	Street	City	State	Zip
Please see reve	erse of card fo	r important information and submit this entire carc	I to the presiding o	fficer or chairperson.
		NOTE: THIS IS A PUBLIC DOCUMEN	-	

## CITY - F LOS ANGELES SPEAKER ( )RD

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Date I Sep 09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	City Council Name of City Agency, Department, Committee	or Council
Do you wish to provide general pu	Iblic comment, or to speak for or against a prop	osal on the agenda?()For proposal
Name:	Dr Clyde Willian	MS General comments
Business or Organization Affiliatio		
Address:Street	4115 Barrett	RALACA 90032 State Zip
	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
	r important information and submit this entire ca	
	NOTE: THIS IS A PUBLIC DOCUME	

## CITY - - LOS ANGELES SPEAKER \RD

Date 9-1-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	A Name of City Agency, Department, Committee o	r Council
Do you wish to provide general p	ublic comment, or to speak for or against a propos	al on the agenda?()For proposal
Name: MATT	ONS	( ) Against proposal ( ) General commen
Business or Organization Affiliation	on:	
Address:Street	City	State Zip
	Representing:	
	PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:	City	State Zip
	r important information and submit this entire card	to the presiding officer or chairperson
	NOTE: THIS IS A PUBLIC DOCUMEN	