

CITY OF LOS ANGELES SPEAKER (RD

Date 09-02-09

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

Council File No., Agenda Item, or Case No. #58

I wish to speak before the Los Angeles City Council
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: Yvonne Michelle Arduz

Business or Organization Affiliation: UCIPP

Address: 206 West 4th Street #1338 LA CA 90014

Business phone: 213 623 4910 Representing: Self Community

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.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER BOARD

Date 9.1.09

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

Council File No., Agenda Item, or Case No. 58

I wish to speak before the L.A. 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: MIKE HUNT

Business or Organization Affiliation:

Address: Street City State Zip

Business phone: Representing:

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CITY OF LOS ANGELES SPEAKER CARD

Date
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I wish to speak before the City Council
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

Name: Dr Clyde Williams Against proposal General comments

Business or Organization Affiliation: LA32 NC

Address: 4115 Barrett Rd LA CA 90032
Street City State Zip

Business phone: _____ Representing: _____

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Date 9-1-09

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal

Name: MATT DOWD () Against proposal () General comments

Business or Organization Affiliation:

Address: Street City State Zip

Business phone: Representing:

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