CITY OF LOS ANGELES SPEAKER CARD

Date / 7/15/1(THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee or	CF 09	7-3027	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal				
Name: () Against proposal () General comments				
Business or Organization Affiliation:				
Address: 1255 N. Street	Hilliand AR JA City	State	<u> </u>	
Business phone: 25 Representing:				
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELO	w:	
Client Name:		P	hone #:	
Client Address: Street				
	City	State	Zip	
Please see reverse of card t	for important information and submit this entire card to		fficer or chairperson.	
	NOTE: THIS IS A PUBLIC DOCUMENT	•		
Date	CITY OF LOS ANGELES SPEAKER THE CITY COUNCIL'S RULES OF	CARD	Agenda Item, or Case No.	
1-15-11	DECORUM WILL BE ENFORCED.	{\`	<u>) </u>	
I wish to speak before the				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal				
Name: HRaise	D SACHO	······································	() General comments	
Business or Organization Affiliation:				
Address:Street	City	State	Z ip	
Business phone:	Representing:	······································		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		PI	none #:	
Client Address: Street	City	Stato	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 CARD

Date 7/5/3011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the				
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	on the agenda? () For proposal () Against proposal () General comments		
Business or Organization Affiliati	ion: Howywood PERENTERIAM	MEDICAL CENTER		
Address: 1300 1. V	C+ 90027 State Zip			
Name: Mys Swarsor () Against proposal Business or Organization Affiliation: Howywood Passey TERIAN Medicar Cartain Address: 1300 Al. Vernout L. A. C. 90027 Street City State Zip Business phone: 333-913-4505 Representing: EAST Howywood P. I.D.				
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	or important information and submit this entire card t	to the presiding officer or chairperson.		
NOTE: THIS IS A PUBLIC DOCUMENT.				
	CITY OF LOS ANGELES SPEAKER THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.			
I wish to speak before the AAAA CONCIL 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:				
Business or Organization Affiliation: TEMPLE KNESSET ISKNEL				
Business or Organization Affiliation: PEMPLE KAESSET ISKREL Address: 1260 N. VEOM GOT NE LA CA 9 GOT Street City State Zip Business phone: \$\frac{3136655517}{2} \text{Representing:} \text{Representing:}				
Business phone: 323 665 51	Representing:	Ciate Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Dient Name: Phone #:				
Client Address:	City	State Zip		

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