10-0005

CITY OF LOS ANGELES SPEAKER CARD

| Date 1 2 2 1 0 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
|--------------------------------|---|--|
| | OCT _1 3 2010 | · v |
| I wish to speak before the | OCT 1 3 2010 DUNCE | |
| | Name of City Agency, Department, Comm | littee 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. Cude Williams Against proposal General comments | |
| | | LABUNC |
| Address:Street | City | 1 A 90032-1712 State Zip |
| | | |
| Business phone: | Representing: | DWPLIaison |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT | INFORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address: Street | | |
| 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 CARD

| Date (0 -13-10 | 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 | e or Council |
| | public comment, or to speak for or against a pro | posal on the agenda? () For proposal () Against proposal |
| Name: ARNOW | JACKS | () Camanin announce |
| Business or Organization Affiliat | ion: | |
| Address:Street | City | State Zip |
| | Representing: | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT IN | FORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address:Street | City | State Zip |
| Street | Oity | State ZIP |

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

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