CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date	THE CITY COUNCIL'S RULES O	* 10	Agenda Item, or Case No.		
3/9/18	DECORUM WILL BE ENFORCED). [[-, 17]	2 Hem 6		
I wish to speak before the					
1 Wish to speak belove the	Name of City Agency, Department, Com	mittee or Council			
Do you wish to provide general	րպblic comment, or to speak for or against	a proposal on the agenda?	() For proposal		
Name: JOANNE			() Against proposal () General comments		
Business or Organization Affiliat	11/2.1/1.00.	NC			
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Address:Street	City	State	Zip		
Business phone:	Representing:		Portugues and the second secon		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		P	none #:		
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.

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5-9-12	DECORUM WILL BE ENFORCED.	. 6
I wish to speak before the	City Council	
T Wish to opposit policie and	Name of City Agency, Department, Comm	nittee or Council
	public comment, or to speak for or against a	
Name: Glenn	Bailey	od Council Area 1 Represe
	50 1 11 11	10
Business or Organization Affiliat	ion: Encomo Neighburha	nd Council Area I Represe
	<i>y</i>	,
Address:Street	City	State Zin
5.000	Email City Representing: Glena Bai	1/a SENA LA
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CHECK HERE IE VOII ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:
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Street	City	State Zip

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Date 5 -9-12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Comac			
	Name of City Agency, Department, Committee o	r Council		
Do you wish to provide gene	ral public comment, or to speak for or against a propos	sal on the agenda	? () For proposal () Against proposal	
Name:	Janous Snews		() General comments	
Business or Organization Affi	liation:			
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CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	ow:	
Client Name:		P	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.