## CIT DF LOS ANGELES SPEAKET DARD

(2500252)

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

Date  Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  CGOGC  Name of City Agency, Department, Committee or	12	, Agenda Item, or Case No.			
	oublic comment, or to speak for or against a propos	al on the agenda?	? ( ) For proposal			
Name:	enin Eughs		( ) Against proposal     ( ) General comments			
Business or Organization Affiliation	on:					
Address:Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:						
Onom Mano.		,				
Client Address:	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.
10/6/81	DECORUM WILL BE ENFORCED.	#	= /7
[   [de]   -	0.4		
I wish to speak before the	CITY Council		
	ame of City Agericy, Department, Committee or	Council	
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agenda	? ( ) For proposal
( 6	(1 C)A(CH		( ) Against proposal
Name:	np appoint	***************************************	( ) General comments
Business or Organization Affiliation: _			
Address:	L,A		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S	RULES OF Cou	ıncil File No.,	Agenda Item, or Case No.
OG.16,2012	DECORUM WILL BE I	INFORCED.	tachota.	2
I wish to speak before the	CID COMOL Name of City Agency, Depart	ment, Committee or Council	l	
Do you wish to provide general	public comment, or to speak for	or against a proposal on the	e agenda?	( ) For proposal
Name: Donna	Peakman			( Against proposal ( General comments
Business or Organization Affiliat	ion:			
Address: Va	nluys co.	91404		
Street	City	S	State	Zip
Business phone:	Representing:			
,	A PAID SPEAKER AND PROV			w:
Client Name:			Ph	one #:
Client Address:				
Street	City	S	state	Zip

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