

# CITY OF LOS ANGELES SPEAKER CARD

Date: 02/21/2017

Council File No., Agenda Item, or Case  
Item NO. (15) - 12-0049-S12

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Herman

Business or Organization Affiliation: Critic NWA

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: Advocacy

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

**NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD**

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Name: Dan

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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Name: Dixon Cyderr

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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Name: Puppet

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Lorna Bishop

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Address: \_\_\_\_\_  
Street City State Zip

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Name: Jwalsh

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Business Phone: \_\_\_\_\_

Representing: Jwalshconfidential.Org

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Client Address: \_\_\_\_\_

Street

City

State

Zip

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Name: Eric Preven

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Address: \_\_\_\_\_  
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