## CITY )F LOS ANGELES SPEAKER ARD

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 ///6//2_  | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No.,    | Agenda Item, or Case No.                |  |  |
| I wish to speak before the ∠ 0   | Name of City Agency, Department, Committee            |                      |   |  |  |
| Do you wish to provide general r   | public comment, or to speak for or against a prop     | oosal on the agenda? | ( ) For proposal                        |  |  |
|  | Ernest Schenen  |                      | ( Against proposal ( ) General comments |  |  |
| Business or Organization Affiliati   | ion: NONE   |                      |   |  |  |
| Business of Organization Anniati   | OII.  | 102000               | 1. 21. 9 271                            |  |  |
| Address: 5 860   | Son Kafael Avenu                                      | E 203 M13301         | 10072                                   |  |  |
| MDかば<br>B <del>usiness</del> phone: <u>32325</u>                           | San Rafael Avenv<br>16672Representing: ムスカルア          | State<br>アイフェ        | PAYE K                                  |  |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |   |                      |   |  |  |
| Client Name:   |   | Ph                   | 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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| Do you wish to provide general        | public comment, or to speak for or against a propos   |                 | ( ) Against proposal         |  |  |
| Name:                                 | > JACAS   |                 | - ( ) General comments       |  |  |
| Business or Organization Affiliation: |   |                 |                              |  |  |
| Address:                              | lemo  |                 |                              |  |  |
| Address:Street                        | City  | State           | Zip                          |  |  |
| Business phone:                       | Representing:   |                 |                              |  |  |
| CHECK HERE IF YOU ARE                 | A PAID SPEAKER AND PROVIDE CLIENT INFO                | RMATION BELO    | ow:                          |  |  |
| Client Name:                          |   | F               | Phone #:                     |  |  |
| Client Address:                       |   |                 |                              |  |  |
| Street                                | City  | State           | Zip                          |  |  |

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| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  Name: |   |              |                               |  |  |  |
| Name:   | JOHN WALSH  |              | ( ) General comments          |  |  |  |
| Business or Organization Affiliation  | n:  |              |                               |  |  |  |
| Address: Street   | City  | State        | Zip                           |  |  |  |
| •   | Representing:   |              | •                             |  |  |  |
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| Client Name:  |   |              | Phone #:                      |  |  |  |
| Client Address:   |   |              |                               |  |  |  |
| Street  | City  | State        | Zip                           |  |  |  |

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