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	CITY OF LOS ANGELES SPEAKER	r CARD 12-170
YOU ARE N	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING O OT REQUIRED TO PROVIDE PERSONAL INFORMATIC THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SPEAK,
Date 1-15-13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	City Council Name of City Agency, Department, Committee c	or Council
	public comment, or to speak for or against a propo Shouls	
	tion:	
Address:		-
	City Representing:	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:

Client Name:		 		Phone #:	
Client Address:		 -			
-	Street	City	Stat	e Zip	

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

## CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS YOU ARE NO EXCEPT TO T	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON TREQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO S	PEAK,				
Date 01/15/13			Council File No., Agenda Item, or Case No. 井 니				
I wish to speak before the							
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (V) For proposal   Name: CULLIAO Miranda   Name: () General comments							
Business or Organization Affiliation:							
Address:	City	State	Zip				
Business phone:	Representing:		1				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:		P	hone #:				
Client Address:	City	State	Zip				

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Date 01/15/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.				
I wish to speak before the	City Council					
I wish to speak before the (In) Name of City Agency, Department, Committee or Council						
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (V) For proposal						
Name: Name:	cpr Medina	() General comments				
Business or Organization Affiliati	on:					
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Address:						
Address:Street	City	State Zip				
Business phone:	Representing:					
	(())					
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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