

CITY OF LOS ANGELES SPEAKER CARD

13-0046

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
5-2-13

THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.
1

I wish to speak before the Budget
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? For proposal
 Against proposal
 General comments

Name: Edgar Khalation

Business or Organization Affiliation: UFCU

Address: 515 S Flower St 25th fl LA CA 90071
Street City State Zip

Business phone: 213-683-6195 Representing: _____

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

Client Name: _____ 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.

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

Date

5/2/13

THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

Item # 1 / CF # 13-0046

I wish to speak before the

Budget & Finance

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? () For proposal

() Against proposal

X () General comments

Name: Yeghi's Keshishian

Business or Organization Affiliation: Central City Association

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

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 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
5-2-13

THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.
13-0046 (1)

I wish to speak before the Budget & Finance Committee
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? For proposal
 Against proposal
 General comments

Name: Anne Williams

Business or Organization Affiliation: Central City Association

Address: 626 Wilshire Blvd Suite 200 LA, CA 90017
Street City State Zip

Business phone: 213 624-1213 Representing: membership

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

Client Name: _____ 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.

CITY OF LOS ANGELES SPEAKER CARD

13-0046

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 5/2/13

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. [Signature]

I wish to speak before the _____ 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? () For proposal () Against proposal (x) General comments Name: JIMMER VISTON

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: []

Client Name: _____ 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.