Zip

State

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Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No. Legis 15th, or Case No.
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? () For proposal () Against proposal () General comments
Name.
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.
CITY OF LOS ANGELES SPEAKER CARD
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
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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 THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No.
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City

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Date 11/6/13	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 Name of City Agency, Department, Committee or	Council
Do you wish to provide general p	public comment, or to speak for or against a propos	
Name: DomiNick	RUBALCAUA	() Against proposar () General comments
Business or Organization Affiliation	on: ATTORNEY AT LAW	
Address: 2//8 Ma	OB68Representing: SECF	DONICA CA GOYOS
Business Chone: 202-	0868Representing: SELF	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
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I wish to speak before the	City Council	
	Name of City Agency, Department, Committee or	Council
	ublic comment, or to speak for or against a propos	() Against proposal
Name: DAVID OTT		() General comments
Business or Organization Affiliation		
Address: 501 SHATT	O PLACE #200 LOS ANGELES City	CA 90020 State Zip
Business phone: 323-312-	7897 Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
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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 //- C - / 3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File LTEM	No., Agenda Item, or Case No.
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Business or Organization Affiliati	on: PELEVATA COUP OF SO.	Osliz	7
Address: 49/C Space	Obla AUR. No. Hallywood	o Os	9/601
Business phone: 323-8		State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BE	LOW:
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Address: 100 S.	MENTORST. PAS.	L A	91106
Street Business phone: 626 786	6042 Representing: TOEC · LOCA	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	LOW:
Client Name:			Phone #:
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	public comment, or to speak for or against a proposa	on the ager	nda? (For proposal
Name: STANLEY	IZUMI		() Against proposal () General comments
Business or Organization Affiliation			
Address: 205 By	roadway LA Co		
Business phone: (213) 602	roadWAy LA Co	State NNIN	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFOR		ELOW:
Client Name:			Phone #:
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Please see reverse of card fo	or important information and submit this entire card to		·
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Name:	Meway		() General comments
Business or Organization Affiliation	on: LAIDB		
Address: 19/35 Harn	12TT ST YORTER Kanch	State	91326
Business phone: (2/3) 4/2-	6794 Representing: Employ EES	of	LADBS
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	LOW:
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Date //-6-/3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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		() deneral comments
Business or Organization Affiliation		
Address: Street	S-BROADWAY	State Zip
Business phone: $(2/3)$ $(60/2)$	S-BROADWAY City P-1404 Representing: MC/A	Olate Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:		Phone #:
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Please see reverse of card for	City or important information and submit this entire card to	
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Business or Organization Affiliation	SOSANII AV 1A	A.
Address: Street	3957 - Sity MC 1 PS	State Zip
Business phone: 310-914	3101 Representing: (V) C(19	
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Date ,	THE CITY COUNCIL'S RULES OF	Council File No., Agend	la Item, or Case No.
10/6/2017	DECORUM WILL BE ENFORCED.	13-0046	#30
70,01200		100016	77 07
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	Name of City Agency, Department, Committee of	Council	,
	public comment, or to speak for or against a propo	sal on the agenda? (🎢 (For proposal Against proposal
Name: ANDREW LO	NEORSA	. ()	General comments
Business or Organization Affiliati	ion: RESEDENT		
Address: 15602 U.	DEW REDGE LAND	CA 91 State	344 71n
Business phone:	Representing: MY 16 LF	State	<u> </u>
	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phone :	#:
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NOTE: THIS YOU ARE NO	CITY OF LOS ANGELES SPEAKER IS A PUBLIC DOCUMENT SUBJECT TO POSTING OF IT REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFF	N THE CITY'S WEBSITE. ON IN ORDER TO SPEAK,	J
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Name: LARI	12 cm	() (General comments
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CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
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