		ANGELES SPEAK	(ER) ARD			
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Date 4-30-(3		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. $300 - 51$		
I wish to speak before theLACITY_COUNCIC_COMMITTEE						
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name: <u>BRUCE CAMPBELL</u> () Against proposal () Against proposal () General comments						
Address: 3520 OVER AMA Street		L_A City	CA State	90034 Zip		
Business phone:				• •		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Ph	ione #:		
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)F LOS ANGELES SPEAKER ARD

YOU ARE NOT REQU	JBLIC DOCUMENT SUBJECT TO POSTING (UIRED TO PROVIDE PERSONAL INFORMAT ENT NECESSARY FOR THE PRESIDING OF	ION IN ORDER TO SPE	EAK,			
Date April 30, 20/3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	igenda Item, or Case No. 			
I wish to speak before the <u>Public Works CO MMITTEE</u>						
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						
Name: TERESA MA	ARGUEZ	Y	General comments			
Business or Organization Affiliation: 3/22 E. 3/6 SU						
Address:	City					
Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Pho	ne #:			
Client Address:Street	City	State	Zip			
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Date	THE CITY COUNCIL'S RULES OF	Council File	No., Agenda Item, or Case No.
	DECORUM WILL BE ENFORCED.	130	1300-51
I wish to speak before the	Public Works Commit	tej	
	Name of City Agency, Department, Committee or (Council	
	public comment, or to speak for or against a proposa		da?()For proposal
Name: ANDY C	NONG		 Against proposal General comments
Business or Organization Affiliati	NONG NONE		
Address: 500 M	OLINOST LA City	CA	90003
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street			
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	o the presidin	g officer or chairperson.