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 10/11/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or C	ase No.
I wish to speak before theNa	Housing Committee	or Council	268-
Do you wish to provide general public	comment, or to speak for or against a prop	osal on the agenda? For proposa	al
Name: Carlos	Aguilar	() Against pro () General co	
	Aguilar Coalition for Econom		
	Pl A City		2
	Representing:		
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street			
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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Date 10-11-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a	proposal on the agenda	a? () For proposal () Against proposal () General comments
Business or Organization Affiliati	on: SAJE		
	32 Street City Representing:	LA-CA State	9 0207 Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

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Date 10 - 11 - 17	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR			No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, C	Committee or	Council	
Do you wish to provide general	l public comment, or to speak for or agai	nst a propos	al on the agen	da? () For proposal
Name: DEBRYD	XI UAreZ			() Against proposal () General comments
Business or Organization Affilia	ation: SASE			
Address: 19/0 Street	OS ANGLUS ST # 19 City 2619 Representing:	(A	CA State	900 (/ Zip
Business phone:	26(9 Representing:			
	A PAID SPEAKER AND PROVIDE C			ELOW:
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 chairnerson