## CITY OF LOS ANGELES SPEAKER CARD

14-0820

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 10-14-14	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Public Safer			
	Name of City Agency, Departr	nent, Committee or C	ouncil	
Do you wish to provide gener	ral public comment, or to speak for	or against a proposal	on the agenda	? ( ) For proposal
Name: Jame	hanag	•		Against proposal     General comments
Business or Organization Affi	GANGIA STOP LAPI	) Spylno	n Chai	ipon
Address:Street	, ,			
Street	City	9	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROV	IDE CLIENT INFOR	MATION BELC	ow:
Client Name:			P	hone #:
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.

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Date 10-14	DECORUM	COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before th		ency, Department, Commi	ttee or Council	
Do you wish to provide g	general public comment, or	to speak for or against a	proposal on the agenda?	) For proposal
Name: <b><i>E</i>/130</b>	abeth The	non		Against proposal ) General comments
Business or Organization	n Affiliation: _\$\forall p	CAPD Sp	ung Coali	חסח
Address:		•	<b>-</b>	
Stree	ət	City	State	Zip
Business phone:	Repres	enting:		
	ARE A PAID SPEAKER	AND PROVIDE CLIENT		7:
Client Address:	et	City	State	Zip

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Date // // // // // // // // // // // // //	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Public Safet Common Name of City Agency, Department, Committee or	ite	No. Agenda Item, or Case No.				
	public comment, or to speak for or against a proposa	al on the agend	da? ( ) For proposal				
Name: Hlon/	30n1/14		( ) General comments				
Business or Organization Affiliation: Stop LAPD Souring Coult ton							
Address:Street	70	Otal					
	City Representing:	State	Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			Phone #:				
Client Address:	0:1						
Street	City	State	Zip				

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