## CITY OF LOS ANGELES SPEAKEF ARD

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Date /0/8/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		No.
I wish to speak before the	Susing Committee	Cr Council	
Do you wish to provide general t	Name of City Agency, Department, Comp	a proposal on the agenda? ( ) For proposal	
Name: Autumn El		( ) Against propos	
Business or Organization Affiliation: Disability Rights California			
Address: 350 5. 8.	xel 54, 54e. 290, Co.	s Angelos, CA	
Business phone: 213-213-9/25 Representing: CALIF, ILC/SC, FNC/SFV			
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.