	CITY OF LOS ANGELES SPEAKE	R CARD 14	1-1101			
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Date 11-18	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	genda Item, 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						
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  ( ) Against proposal    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:		Pho	ne #:			
Client Address:	City	State	Zip			

CITY OF LOS ANGELES SPEAKER CARD							
YOU ARE NOT REQ	UBLIC DOCUMENT SUBJECT TO POSTING ON UIRED TO PROVIDE PERSONAL INFORMATION ENT NECESSARY FOR THE PRESIDING OFFIC	I IN ORDER TO SPEA	к, ())((/)				
Date 11115	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.				
I wish to speak before the							
Nam	e 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							
Name:	Evic Iverer	(	) Against proposal ) General comments				
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	e #:				
Client Address:	City	State	Zip				

## CITY OF LOS ANGELES SPEAKER CARD

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Client Address: \_\_\_\_\_

Street

City State Zip

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	CITY OF LOS ANG	ELES SPEAKER	CARD 14-165	6-51, 15-1138-5		
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Date 11 17 (15	THE CITY COUNC DECORUM WILL E		Council File No., Ac	genda Item, or Case-No.		
I wish to speak before the CITY LOCNGLL 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 Name: MACUSANCE WOMAGE Business or Organization Affiliation: SECF						
Address: <u>38441</u> Street Business phone: <u>310</u> 52	BEETHOUS 02523 Representing:	J ST, L City SELT	A , CA	A GOOLOGO		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Pho	ne #:		
Client Address:		City	State	Zip		

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