## 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 (2/10	114		UNCIL'S RULE				Agenda Item, or Case No.
I wish to speak be	fore the	Housing (	Domaile y, Department, (	Committee or C	ouncil		
Do you wish to pro	ovide general p	oublic comment, or to s	peak for or aga	inst a proposal	on the	agenda?	
Name:	Nancy	Volpert					( ) Against proposal General comments
Business or Organ	nization Affiliati	on: JTS					
Address:	35-80 Street	wilshire	151. (	AC	Str	9001	Zip
		Represent					
		PAID SPEAKER AN				N BELOV	v:
Client Name:					-	Pho	one #:
Client Address:	Street		0.7				
	Street		City		Sta	ate	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 12 10 14  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Comm	No7-14	enda Item, or Case No. + - 138				
Name: Evel Sheedy Business or Organization Affiliation	n: LA CUM DOMESHO VIII	(	) For proposal ) Against proposal ) General comments				
Address:  Street  Business phone: 213 485 27	City  Representing:	State	Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:		Phor	ne #:				
Client Address:Street	City	State	Zip				

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Date  Dec 10,2014  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 14-1382-1#7				
	Name of City Agency, Department, Committee or	Council				
Do you wish to provide general p Name:  Business or Organization Affiliation	on:Shetter Prutnershap	al on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments				
Address: 523 West 6th St, #616 Lt 90014						
Business phone: 213 WS	2188 Representing: Sheller Pod	Margy Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Phone #:				
Client Address:Street	City	State 7in				
Street	City	State Zip				

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.