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5-31-10	DECORUM WILL BE ENFORCED.	22	
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C	CITY OF LOS ANGELES SPEAKER	CARD	
YOU ARE NOT	S A PUBLIC DOCUMENT SUBJECT TO POSTING OF REQUIRED TO PROVIDE PERSONAL INFORMATIC E EXTENT NECESSARY FOR THE PRESIDING OFFI	ON IN ORDER TO S	PEAK,
Date 5/31	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general pu Name:	blic comment, or to speak for or against a proposition DAN		 Against proposal
Business or Organization Affiliation	ו:		
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CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
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Please see reverse of card for	important information and submit this optime and	an also munitifier	ee

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Date 5 20231	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	7 22	Agenda Item, or Case No.
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Address:Street	City	State	Zip
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Date 12-15-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., #22 DNS	Agenda Item, or Case No.
I wish to speak before the	ait, C.C.		ass
	Name of City Agency, Department, Committee or	Council	
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Name:	Antonia Lai	MIRZ	 Against proposal General comments
Business or Organization Affiliation			
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Address: Street	City	State	Zip
Business phone:	Representing:		
	AID SPEAKER AND PROVIDE CLIENT INFO		w:
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Client Address: Street	City	State	Zip
Please see reverse of card for	important information and submit this entire card	to the presiding of	ficer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

Date 5-31-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before theNa	me of City Agency, Department, Committee o	1 COUNC r Council	ZL
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agenda?	
Name: PRENTISS	JENKINS		() Against proposal () General comments
Business or Organization Affiliation: _	CETELYFE NEWSLE	STTON	
	ST. # 425 L.A. City		90014
Business phone: 2/3 949 8	148 Representing:	State	Σip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	N:
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Client Address:Street	City	State	Zip
Please see reverse of card for imp	portant information and submit this entire carc		ficer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	T.	