Syntago-Liv No 1760 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 5-31-6 | Name of City Agency, Department, Committee | 26 | o., Agenda Item, or Case No. |
|-----------------|--|-------|---|
| | ublic comment, or to speak for pragainst a propo | | |
| Name: | Enic Preven | | () Against proposal () General comments |
| | n: | | |
| Address: | V | | |
| Address:Street | City | State | Zip |
| Business phone: | Representing: | | |
| | PAID SPEAKER AND PROVIDE CLIENT INF | | |
| 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.

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| Date 5/31 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No | o., Agenda Item, or Case No. |
|--------------------------------------|---|--------------------|---|
| wish to speak before the | Name of City Agency, Department, Committee | or Council | |
| Do you wish to provide general p | public comment, or to speak for or against a propo | osal on the agenda | ? () For proposal |
| Name: | DAN | | () Against proposal () General comments |
| Business or Organization Affiliation | on: | | |
| Address: | | | |
| Address:Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT INF | FORMATION BELO | ow: |
| Client Name: | | F | Phone #: |
| Client Address: | | | |
| Street | City | State | Zip |

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| Date 5-31-16 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | | ., Agenda Item, or Case No. |
|--------------------------------------|---|-------------------|---------------------------------------|
| I wish to speak before the | Conce | | |
| | Name of City Agency, Department, Committee | or Council | |
| Do you wish to provide general p | ublic comment, or to speak for or against a propo | sal on the agenda | ? () For proposal |
| Name: ARNOCI | SACHS | | Against proposal General comments |
| Business or Organization Affiliation | on: | | |
| Address: | REDONDO BEAR | 24) | |
| Address:Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT INF | ORMATION BELO | ow: |
| Client Name: | | P | hone #: |
| Client Address: | | | |
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| W/ elegante NOT | EXTENT NECESSARY FOR THE PRESIDING OFFI | N IN OBDER TO S | PROFESSIONAL |
| - n | igh quality run | an De | angs. |
| Date | THE COUNCIL'S RULES OF | | Agenda tem, or Case No. |
| May 31, 2016 | DECORUM WILL BE ENFORCED. | #20 | |
| I wish to speak before the | P.A.C.C | DNS- | Pass |
| N | lame of City Agency, Department, Committee of | Council | |
| Do you wish to provide general pub | lic comment, or to speak for of against a propos | | () For proposal() Against proposal |
| Name: | Intonut anice | | () General comments |
| Business or Organization Affiliation: | | | |
| Address:Street | | | |
| Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A PA | AID SPEAKER AND PROVIDE CLIENT INFO | RMATION BELO | w: |
| Client Name: | | Ph | none #: |
| Client Address: | | | |
| Street | City | State | Zip |
| Please see reverse of card for in | mportant information and submit this entire card | to the presiding of | ficer or chairperson. |

CITY OF LOS ANGELES SPEAKER CARD

| Date 3(| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
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| I wish to speak before the | B06 | 1 Coon | |
| the state of the s | me of City Agency, Department, Committee of | | |
| Do you wish to provide general public | comment, or to speak for or against a propos | sal on the agenda? | |
| Name: PRENTESS JO | JUKZUS | | () Against proposal () General comments |
| | CTTT LYFE NEWS L | | |
| Address: 423 E. 774 S | ST. #425 / A- | CA- State | 988/4 Zip |
| Business phone: 2/3 949 87 | Representing: | | |
| CHECK HERE IF YOU ARE A PAI | D SPEAKER AND PROVIDE CLIENT INFO | RMATION BELO | w: |
| Client Name: | | Pl | none #: |
| Client Address: | City | State | Zip |
| | o, | | |

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

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