CITY OF LOS ANGELES SPEAKER CARD

15-0218-58

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 Ary 14, 2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theN	lame of City Agency, Department, Commit	tee or Council
Do you wish to provide general publ	ic comment, or to speak for or against a p	proposal on the agenda? () For proposal
Name:	Frank Dadicein	() Against proposal () General comments
Business or Organization Affiliation:		
Address:Street		•
Street Business phone:	Representing:	and State Zip
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	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 8-19-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the Can Ranite Oppression				
	Name of City Agency, Department, Commit			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal				
Name: Vael AKa	nerman Nerman	Against proposal () General comments		
Business or Organization Affiliation	on: SISEVA WAS 7	Judges 4:18-21		
Address:	,	•		
Street	City	State Zip		
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	FORMATION BELOW:		
Client Name: Brow	N ACT V. T	Phone #:		
Client Address:	54953.3.(c)	=54953.2		

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Date Wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Commit	(SUNCI)	enda Item, or Case No.
Do you wish to provide genera	al public comment, or to speak for or against a p	proposal on the agenda? () For proposal) Against proposal) General comments
Business or Organization Affilia	ation:		
Address:Street	City	State	Zip
Business phone:	Representing:	<u> </u>	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	ne #:
Client Address:			
Street	City	State	Zip

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