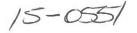
## CITY OF LOS ANGELES SPEAKER CARD



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 0-2-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Allenda Item, or Ca	ise No.
I wish to speak before the			
	Name of City Agency, Department, Committee		
Name:	public comment, onto speak for or against a pro-	( ) General cor	posal
Address:Street			
Street	City	State Zip	
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT I		
Client Address:	Cib.	State Zip	
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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	EXCEPT TO THE EX	(TENT NECESSAR)	FOR THE PE	RESIDING OFFIC	ER TO CALL UPO	N YOU	
Date	02/15	THE CITY COU			Council File No.,	Agenda Item, or Case No.	
I wish to speak bef		me of City Agency,	Department	, Committee dr	Council		
Do you wish to pro	vide general public	comment, or to sp	eak for or aç	ainst a propos	on the agenda?	( ) For proposal	
Name:	WAY	1 /10m	BNC	NO	0	Against proposal     General comments	3
Business or Organ	ization Affiliation; _						_
Address:	Chroat		City		State	Zip	
Business phone:		Representir	•		State		_
CHECK HERE IF	YOU ARE A PAI	D SPEAKER AN	D PROVIDE	CLIENT INFO	RMATION BELO	w:	
Client Name:		1			P	none #:	_
Client Address:	Street		City		State	Zip	
	Sueet		City		State	214	

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-				
Date 6-2-	15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	
I wish to speak be	fore the	Name of City Agency, Department, Committee	or Council	
Do you wish to pro	ovide general p	public comment, or to speak for or against a prop	osal on the agenda?	( ) For proposal
Name:		Antonia Turuy	2	Against proposal     General comments
Business or Organ	nization Affiliation	5n:		
Address:				
Address:	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOV	v:
Client Name:			Ph	one #:
Client Address:	Street	City	State	Zip
	Street	City	State	۲ıh

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