

CITY OF LOS ANGELES SPEAKER CARD

Date: 11/08/2016

Council File No., Agenda Item, or Case
Item NO. (5) - 15-0600-S34

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: jim clarke

Business or Organization Affiliation: apartment assn.mof greater los angles

Address: 621 s. westmoreland ave l.a. ca 90005
Street City State Zip

Business Phone: 2133844131 Representing: aagla

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone#: _____

Client Address: _____
Street City State Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

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Name: prentiss jenkins

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business Phone: _____

Representing: _____

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **For Proposal**

Name: carlos a.

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business Phone: _____

Representing: _____

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Name: margaret molloy

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: margaret molloy

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: bill przylucki

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: chris cuellar

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business Phone: _____

Representing: _____

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Name: mark simon

Business or Organization Affiliation: _____

Address: _____

Street

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State

Zip

Business Phone: _____

Representing: _____

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Name: beverly kenworthy

Business or Organization Affiliation: CAA

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: donna pearman

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: dummy WS spindler

Business or Organization Affiliation: _____

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Street City State Zip

Business Phone: _____ Representing: _____

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Name: ola

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: sylvie shain

Business or Organization Affiliation: _____

Address: _____

Street

City

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Zip

Business Phone: _____

Representing: _____

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