15-0600-535

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

Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal ()					
Name: Day () General comm	nents				
Address: 2561 W Vem'le LA City State Zip					
Street City State Zip Business phone: 424 358 0456 Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:					
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 213116	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	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 p	public comment, or to speak for or against a proposa	l on the agend	da? () For proposal		
Name: Jerilyn Sta	M .		() Against proposal (X) General comments		
Business or Organization Affiliation	on: California National Organ	ization	for Woman		
Address: 6810 Caluary	a find Tread hat	State	90068		
	3-7732 Representing: Colfirma NO		Σιμ		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #:		
Client Address:Street	O'h.	Ctata	7:-		
Street	City	State	Zip		

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Date 2-3-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Housing Committe	el	
Do you wish to provide general i	Name of City Agency, Department, Committee or public comment, or to speak for or against a proposa		a?()For proposal
Name: Seth State	enos		() Against proposal () General comments
Business or Organization Affiliati	ion:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip
Sueel	City	State	∠ıµ

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