## CITY OF LOS ANGELES SPEAKER CARD

15-07/9

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

5-13-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the _	PA, C, C Special  Name of City Agency, Department, Committee or	Council	,
Do you wish to provide gene	eral public domment, or to speak for or against a propos		( ) Against proposal
Name:	Antonia Jamose	2	( ) General comments
Business or Organization Af	fillation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	RE A PAID SPEAKER AND PROVIDE CLIENT INFO		
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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5/13		CORUM WILL BE ENFORCED.	Specific No.,	Agenda Item, or Case No.
I wish to speak before th		City Agency, Department, Committee	ee or Council	
Do you wish to provide of	general public comme	ent, or to speak for or against a pro	oposal on the agenda?	( ) For proposal
Name:		DAN		Against proposal     General comments
Business or Organization	n Affiliation:			
Address:Stre	et	City	State	Zip
		Representing:		
CHECK HERE IF YOU	ARE A PAID SPE	AKER AND PROVIDE CLIENT I	NFORMATION BELOV	v:
Client Name:			Ph	one #:
Client Address:	et	City	State	Zip
Otte	O.	Oity	State	Z-iP

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Date	THE CITY COUNCIL'S RULES ( DECORUM WILL BE ENFORCE	VC 1.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Con	nmittee or Council	
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agenda	? ( For proposal
Name: ORRIN	FELDHAN		( ) Against proposal ( ) General comments
Business or Organization Affilia	ation: Helly wood plu	JEST Nacho	mod Coment
Address: 2733	Wood Hour LA	CA	90046
Business phone: 223 65	60440 Representing: Hollywo	od 1/11 West	Neybooth and la
	A PAID SPEAKER AND PROVIDE CLIE		
Client Name:		P	hone #:
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.