CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.

15-0934

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 Council File No., Agenda Item, or Case No. Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the 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 General comments Business or Organization Affiliation: Address: - 400 - 91 Representing: 11 CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street 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 9/4/15	THE CITY COU DECORUM WIL			Council File No	o., Agenda Item, or Case No.
I wish to speak before the	City Counc				
	Name of City Agency,	Department,	Committee or	Council	
Do you wish to provide general		eak for or aga	ainst a propos	al on the agenda	? () For proposal
Name: <u>Leah</u> (Sarland				() Against proposal () General comment -
Business or Organization Affiliati					
Address: 625 S. F	Barrington A	N.#14	LA,	C A	90049
				State	Zip
Business phone:	Representing	g:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE (CLIENT INFO	RMATION BEL	ow:
Client Name:					Phone #:
Client Address:		An dead de la Marie de Marie de la companya del companya de la com			
Street		City		State	Zip

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Date 09-04-2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.				
I wish to speak before the						
	Name of City Agency, Department, Committee of	r Council				
Do you wish to provide general Name: <u>LOP, Benna</u>	public comment, or to speak for or against a propo	() Against proposal				
Business or Organization Affiliat						
Address: 2885 Lee	ward Ave =512 LA CA 9	90005 State Zin				
	Representing:					
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:				
Client Name:		Phone #:				
Client Address:	City	State Zin				

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