

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 08-5-16

THE CITY COUNCIL'S RULES OF
PROCEDURE WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 08 SP

CF-1541 S-2
15

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

Name Aka Trooper HERZMAN

Business or Organization Affiliation: Protect Advocacy

Address: _____
Street City State Zip

Business phone: _____ Representing: herman

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

Client Name: Tony Mendonza Phone #: 32nd

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 08-5-2014

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.
8

I wish to speak before the CC
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
Name: Donna Pearman () General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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

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Street City State Zip

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Date 8/5

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.
8

I wish to speak before the City Council
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

Name: John WALKER

Business or Organization Affiliation: _____

Address: LA _____
Street City State Zip

Business phone: _____ Representing: _____

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

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Client Address: _____
Street City State Zip

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Date 8/5/16

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.
8

I wish to speak before the City Council
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
Name: Eric Phalen () General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Client Address: _____
Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

DNS

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Date 8-5-2016

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 8

I wish to speak before the CC
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
Name: Miriam Fogler () General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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

Client Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

~~DE~~

DWS

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Date 8/6/16

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 8

I wish to speak before the Speaker
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
Name: Dummy (x) General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Client Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

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