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	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 o	r Council	
Name: Ruth Sar	public comment, or to speak for or against a propo-	sal on the agenda?	() For proposal () Against proposal () General comments
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INFO		w:
Client Address:Street	City	State	Zin

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Date 2	\$ (6)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak bef		City Council	
	Nam	e of City Agency, Department, Committee o	r Council
		comment, or to speak for or against a propo	(f 🔨 Adainst proposal
Name:	John	WALST	() General comments
Business or Organ	ization Affiliation:		
Address:	Lit	9.8	
	Street	City	State Zip
Business phone:		Representing:	
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:			Phone #:
Client Address:	Street	City	State Zip
		Ü.,	

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Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.
I wish to speak before the
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal
Name: () General comments
Business or Organization Affiliation:
Address: $\frac{5747}{\text{Street}}$ $\frac{47}{\text{City}}$ $\frac{47}{\text{Cat}}$ $\frac{47}{\text{City}}$ $\frac{60}{\text{State}}$
Business phone: Representing:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address: DON+1 h14LYWOLF 9160
Street City State Zip

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Date 2-5	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	e or Council	
Do you wish to provide genera	al public comment, or to speak for or against a prop	oosal on the agenda	? () For proposal () Against proposal
Name:	DPN		/ \ O
Business or Organization Affili	iation:		
Address:Street	City	State	Zip
Business phone:	Representing:		•
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

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			1
Date 2.5: 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	Name of City Agency, Department, Committee	dr Council	
Do you wish to provide general	public comment, or to speak for or against a prope	osal o n the agend	a? () For proposal
Name:	me from Bucino		Against proposal () General comments
Business or Organization Affiliat	tion:		
Address:Street	Ct.	04-4-	71
		State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date	THE CITY CO	OUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
2-5-16	DECORUM W	/ILL BE ENFORCED.	# 1804	#4
I wish to speak before the	City	Council	The state of the s	
	Name of City Agenc	y, Department, Committe	e or Council	
Do you wish to provide general pu	ublic comment, or to	speak for or against a pro	posal on the agenda?	() For proposal
Name: Nath	farness	<u> </u>		() Against proposal () General comments
Business or Organization Affiliatio	n:			
Address:Street				
Street		City	State	Zip
Business phone:	Represent	ing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CLIENT II	NFORMATION BELOV	w:
Client Name:			Ph	one #:
Client Address:		City	State	Zin

16-0005-46

CITY OF LOS ANGELES SPEAKER CARD

Date	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 or	Council	
	public comment, or to speak for or against a proposa		
Name:	111/5/11/2	() Against proposal) General comments
Business or Organization Affiliat	ion:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:	
Client Name:	Me has a	Phon	e #:
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.

NOTE: THIS IS A PUBLIC DOCUMENT.

16-0005-546

CITY OF LOS ANGELES SPEAKER CARD

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	enda 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 propo		
Name: DOVICE	rearmon	() Against proposal) General comments
Business or Organization Affiliati	on:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phon	e #:
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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