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Date 05/19/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
wish to speak before the	Rules, Flections, Committee  Name of City Agency, Department, Committee or		16-0093
	al public comment, or to speak for or against a proposition:    Kent Minaul:     Signa Ciub		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
Client Name:	E A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	Phone #:
Client Address:Street	City	State	Zip

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Date		Council File	No. Assessed Bases on Con-	Ale
	THE CITY COUNCIL'S RULES OF	Council File	No., Agenda Item, or Case	€ INO.
05/19/2016	DECORUM WILL BE ENFORCED.	1		
I wish to speak before the	Rules, Elections, o Committee  Name of City Agency, Department, Committee or C	Council	16-0093	}
Do you wish to provide gener	ral public comment, or to speak for or against a proposal	on the agen	nda? ( ) For proposal ( ) Against propo	osal
Name: Stella Ursi	ra		( ) General com	
Business or Organization Affil	liation: Green Education, Inc			
Address:				
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	ELOW:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zin	

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Date 6/19/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or		3-0093
Name: Tenesa	al public comment, or to speak for or against a proposal station: ARSCME		a? ( ) For proposal ( ) Against proposal General comments
Address:Street		04-4-	
Business phone:	Representing: Mov	State	Zip
	E A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	.ow:
Client Name:			Phone #:
Client Address:	City	State	Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 5/19/16	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	001	o., Agenda Item, or Case No.
I wish to speak before the	Rules		6-0093
	Name of City Agency, Departmen	Committee or Council	
Name: Brenna  Business or Organization Affilia	Norten Bre ation: Food D Water 1	nna Norten	
Address:Street	City	State	Zip
	Representing:		Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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Date 5 19/20/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Ru	les Computtee of	16-6093
	Name of City Agency, Department, Committee	ee or Council
Do you wish to provide general post Name: Stephano Business or Organization Affiliation	1273 / sin 18	roposal on the agenda? (/) For proposal ( ) Against proposal ( ) General comments
Address: 542 N.	Kingsley Drive.	CA 90004
Street	City	State Zip
Business phone:	Representing:	
	PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
Client Address:	City	State Zip

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5-19-2016	THE CITY COUNC		Council File No.	Agenda Item, or Case No.
I wish to speak before the Rule	8 Elections Inle Name of City Agency, De	gwownedad) partment, Committee	Schors News or Council	John kords
Do you wish to provide general put Name: Manual Ferre Business or Organization Affiliation	olic comment, or to speak	of for or against a prop	osal on the agenda	( ) For proposal ( ) Against proposal ( ) General comments
Address: Street	nt Ave	<u>L</u> A	CA	Googlef Zip
Business phone 213 79369/1	Representing:			
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND P	ROVIDE CLIENT INI	FORMATION BELC	ow:
Client Name:			P	hone #:
Client Address:		City	State	Zin

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Date 5 19.	16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak befor		Name of City Agency, Department, Committee	
Name: Oly	vt e	SIMMONS PE	
Business or Organiza	ation Affiliation	:	6.11
Address:			90016
Business phone:		City Representing:	State Zip
CHECK HERE IF Y	OU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:			Phone #:
Client Address:			
	Street	City	State Zip

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Date 5 /18 / 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 o	r Council	toloods 16-0
	ation: SELF		a? ( ) For proposal ( ) Against proposal ( ) General comments
Address: 6335 Comin	1.9301 Representing: SELF	CA	90048 Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:			Phone #:
Client Address:	City	State	Zin

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		16-00
Date 5-19-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Pules Elections, IGR Name of City Agency, Department, Committee	or Council
Name: LA M  Business or Organization Affilia  Address: 29/11  Street  Business phone: 325-23	est liewst LA	( ) Against proposal ( ) General comments Neclar & Seniar S State Zip
Client Name:	A TAID OF EARLY AND THOUSE SELECT IN	Phone #:
Client Address:Street	City	State Zip

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Date SIGN	16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak befor	e the <u>LU</u>	LES, ELECTIONS, INTERGOV'T	PEL \$NO	Comm
		c comment, or to speak for or against a propose		( ) For proposal ( ) Against proposal ( ) General comments
Business or Organiza	ation Affiliation: _			
Address:				
	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF Y	OU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:			F	Phone #:
Client Address:	Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5-19-2016	DECORUM WILL BE ENFORCED.	and the
I wish to speak before the	Coursel CO 10 + CD & F Name of City Agency, Department, Committee	ep. 5 /6-009
Do you wish to provide genera	I public comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal
	fackson (David Jo	
Business or Organization Affilia	ation: CITY OF LOS ANGELES	5 EMPLOYEE
Address: 6302 €	STAYE LA CA 9000	43
Street  Business phone: 424-64	City	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zin

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Date	THE CITY	COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
5/19/2016	DECORUM	WILL BE ENFORCED.		16-0693
I wish to speak before the 20		TWHER 3 VO R		
Do you wish to provide general p	1	. /		
Name: MAC SH	torty	(Mae Sh	iorty)	( ) Against proposal     ( ) General comments -
Business or Organization Affiliation	on: The COM	nunity dregal	RESE C	In
Address: 9725 HICKOr	zy SD	STAW	CA	900002
Business phone (323) 972			State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT IN	FORMATION BEL	ow:
Client Name:				Phone #:
Client Address:Street		City	State	Zip

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Date 5/19/16 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee or	trons, In	5R, + Neighbor
Do you wish to provide general  Name:  Business or Organization Affiliati	public comment, or to speak for or against a proposed ion:		a? ( / ) For proposal ( ) Against proposal ( / ) General comments
	9225 Hickory Oct	EA State	90002 Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Address:			Phone #:
Street	City	State	Zip

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Date 5-19-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	16-00	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	TER + Neigh	nborhoods
Do you wish to provide general p	ublic comment, or to speak for or against a proportion:  Preach  To Keach  To Keach	osal on the agenda? (	) For proposal ) Against proposal ) General comments
	Sasta Ana Blow N		
Business phone: 323 824	2-434 Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phon	e #:
Client Address:	City	State	Zip

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Date 5 19 2016	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	Man Council	Committee
	olic comment, or to speak for or against a propos	sal on the agenda?	For proposal     Against proposal     General comments
Name:	ISHES AND SOUNTO	NS	De
Street	TICOX AVG. #924 MOLY	State State	Zip
Business phone: 373, 445.		DRMATION BELOV	v:
Client Name:		Pho	one #:
Client Address:Street	City	State	Zip

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Date 5/19/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	R, + Netz-borhoods e or Council
Do you wish to provide general population of the control of the co	public comment, or to speak for or against a pro	posal on the agenda? ( ) For proposal ( ) Against proposal General comments
Business or Organization Affiliati	ion: ECCANDC	
Address: 1628 w S	. 0	90062 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 5/19/2016  I wish to speak before the	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE  Pules Community  Name of City Agency, Department, Co	CED. /	le No., Agenda Item, or Case No.  16-0093  June L
	public comment, or to speak for or again	st a proposal on the age	enda? ( ) For proposal ( ) Against proposal
Name: 851CW(	Dodplat		( ) General comments
Business or Organization Affiliation	on: 1447VZ		
Address: 1956 M	s/den St 14	2 CA	90041
Business phone 12/911	Representing:	State	Zip
,	PAID SPEAKER AND PROVIDE CL	IENT INFORMATION B	BELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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EXCEPT TO THE	EXTENT NECESSARY FOR THE PRESIDING OFFIC	EH TO CALL U	PON 100
Date 5/9/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Vame of City Agency, Department, Committee or Council.		No., Agenda Item, or Case No.
ľ	varie of City Agency, Department, Committee of C	Couricii	
-3 /	SIMMBNS PE	_	la? ( ) For proposal ( ) Against proposal General comments
Address:Street	City	State	900/6
Business phone:	Representing: SAAN		
	AID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEI	-ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 19/20/4  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee	Council File No., Agenda Item, or Case No.  16-0093  Comm Horizon  e or Council
Do you wish to provide general	public comment, or to speak for or against a pro	oposal on the agenda? ( ) For proposal ( ) Against proposal
Name:   Lear	Minault	( ) Against proposal  ( ) General comments
Business or Organization Affilia Address: 132/4	tion: Frerra Club	Sherman Daks 9142
Business phone: 2/8 49	7 3 11 Representing:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 5/19/16	THE PARTY OF THE P	NCIL'S RULES OF L BE ENFORCED.		genda Item, or Case No.
I wish to speak before the	Name of City Agency, [	5, FGRE New	46, AD5	
	Name of City Agency, I	Department, Committe	ee or Council	
Do you wish to provide g	eneral public comment, or to spe	ak for or against a pr	oposal on the agenda?	) For proposal
Name: SHIRLEE	FUAUA			) Against proposal     ) General comments
Business or Organization	Affiliation:			
Address:Stree		hA.	OA-	
Stree	et .	City	State	Zip
Business phone:	Representing	:		
CHECK HERE IF YOU	ARE A PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BELOW	<i>i</i> :
Client Name:			Pho	ne #:
Client Address:		City	State	Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 5-19-16  I wish to speak before the	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE  Les Clechurs Attage  Name of City Agency, Department, Con	N Lelations New	Agenda Item, or Case No.
Do you wish to provide general post of the provide general	+ 15 1 24 The	garet Peters)	For proposal     Against proposal     General comments
Business phone 2/3 769 8	Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELOV	W:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip

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	_	
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5/19/16	DECORUM WILL BE ENFORCED.	#1 16-0093
I wish to speak before the	The Panel-Rul	es Elections, PGR,
	Name of City Agency, Department, Committee or (	Douncil Nergi
Do you wish to provide general	public comment, or to speak for or against a proposa	I on the agenda? ( ) For proposal
Name: Leone	rd Repi	( ) Against proposal ( ) General comments
	ion: ECCANDO Neish	Lachord Cancit
Address: 94/0	Vermont Ave LA,	State Zip
Business phone: 213 9	48-070 (Representing: People 0)	1 SoutLA
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELOW:
Client Name:		Phone #:
Client Address:	8	
Street	City	State Zip

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Date 5/19/16	THE CITY COUNCIL'S RU DECORUM WILL BE ENF		File No., Agenda Item, or Case No.
I wish to speak before the	Rules Elections,	FBR + Neig	Lborhood
	Name of City Agency, Departmen	t, Committee or Council	
Do you wish to provide general Name: MAC 5	al public comment, or to speak for or a	gainst a proposal on the a	genda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affilia	ation:		
Address:Street	WAI	Ts	
Street	Gity	State	e 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	a Zin

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EXCEPT TO II	HE EXTENT NECESSARY FOR THE PRESIDING OFF	FICER TO CALL UPON YOU
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5-19-2016	DECORUM WILL BE ENFORCED.	16-0093
I wish to speak before the	(Coursel Parts)	Neighborhoods
	Name of City Agency, Department, Committee of	or Council
	public comment, or to speak for or against a propo	/ / ^
Name: DAVID (	fackson (David:	Jackson ( ) General comments
Business or Organization Affiliation	on: CITY OF LA Emple	yee
Address:	6302 5th Ave 2x'	90043
Business phone: 424-64	City	State Zip
	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 5/19/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	The Punel Today (Annual of City Agency, Department, Committee or	Council Committee)
	ublic comment, or to speak for or against a propos	
Name: Delpit	Leonard (Leonard Empowement Congress (	Delpi+ () Against proposal () General comments
Business or Organization Affiliation	n:	ertral Area
Address: Street	5 S, Vernmont Avenu	state A (A 90041)
Business phone: 213 948	0762 Representing: South Las	Angeles
	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	Cit.	Chah.
Sueer	City	State Zip

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Date 5-19-16	THE CITY COUNCIL'S R DECORUM WILL BE EN		Council File No.	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departme	FGR + Ne.	igh bahoi	505
Do you wish to provide general put Name: The dure T	Honas (The	odore Th	omos)	( ) Against proposal ( ) General comments
Business or Organization Affiliatio		,		
Address: 5349 Cmens	,		State	900 43 Zip
Business phone: 313 198-1	Representing: PM	tec		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVID	E CLIENT INFOR	MATION BELO	w:
Client Name:			PI	none #:
Client Address:	City		State	7in

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## CITY OF LOS ANGELES SPEAKER CARD

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EXCEPTIO	THE EXTENT NECESSART FOR THE PRESIDING OFF	CER TO CALL OF ON TOO	
5-19-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item,	or Case No.
I wish to speak before the	Rules, Elechbry, IGR Name of City Agency, Department, Committee o		di
Do you wish to provide general  Name: POBIN F  Business or Organization Affilia	public comment, or to speak for or against a proposition: CLDP & PMHCC	( ) Against	posal t proposal al comments
Address: 4822 5	th AVE., LA CA	70043 State Zip	
	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

3 of 3

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5/19/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee		
Do you wish to provide gener	ral public comment, or to speak for or against a propo	osal on the agenda	? ( ) For proposal
Name: SHIRLEE F	Egach		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affil	liation:		
Address:Street	LA	CA	
Street	City	Śtate	Zip
Business phone:	Representing:		MI 111 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E A PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date 5/		THE CITY COUNTY DECORUM WILL	L BE ENFORCE Rules	Elections	PGR, + Wery
	IVo	ine of City Agency, 1	Department, Con	whittee or Council	
Do you wish to pro	vide general public	c comment, or to spe	ak for or against	a proposal on the age	nda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organi	ization Affiliation: _	He Gr	mounty	Legal Lesens	rch Center
Address:	9235 H	ckony St	City City	CAL State	1F 90223
Business phone:	31070227	ST Representing	: The W	multi	
CHECK HERE IF	YOU ARE A PA	ID SPEAKER AND	PROVIDE CLIE	NT INFORMATION B	ELOW:
Client Name:					_ Phone #:
Client Address:					
	Street		City	State	Zip

Adott. Cord

# 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

4					
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.			
S19 74	DECORUM WILL BE ENFORCED.	MBHC COMENT			
I wish to speak before the	Name of City Agency, Department, Committee or	Council			
Do you wish to provide general pu	ublic comment, or to speak for or against a propose	al on the agenda? ( ) For proposal ( ) Against proposal			
Name:G	GNEWL JEFF	( ) General comments			
Business or Organization Affiliatio		S			
Address: 6 Street Street	COX AR # 904 HOLY LOO	State Zip			
Business phone: 33,44)	0733 Representing: SKI ROW RO	SIKHTS			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	WE GOT LAN	Phone #:			
Client Address:Street	city 4 40t	State Zip			
Please see reverse of card fo	r important information and submit this entire card	to the presiding officer or chairperson.			