16-0106-51

CITY OF LOS ANGELES SPEAKER CARD

- LAGETTION	HE EXTENT NECESSARY FOR THE PRESIDING	OFFICER TO CALL UPO	PEAK, ON YOU
Date 2-5/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the			
	Name of City Agency, Department, Committee	ee or Council	
Do you wish to provide general p	Sublic comment, or to speak for or against a pr	roposal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		
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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 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 comment Business or Organization Affiliation: ADS Health care Foundation (AHF) Address: (255 W Sunset Divid 215 Ft. Los Augula CA 2028 Business phone: (323) 860-5214 Representing: APF CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street Street City State Zip				l ever
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 comment Name: Liza Breveton () For proposal Against proposal () General comment Business or Organization Affiliation: At DS Health care Foundation (AHF) Address: () Sunset Blvd 2 STFL Los Angules (A 9028 Street City State Zip Business phone: (323) 860-5214 Representing: AHF CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Date 3/22/16			
Name: Liza Breveton (AHF) Business or Organization Affiliation: ALDS Health care Foundation (AHF) Address: (255 W. Sunset Blvd 2157 FL. Us Angeles (A. 9028) Street Street City State Zip Business phone: (323) 860-5214 Representing: AFF CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	I wish to speak before the		or Council	
Business or Organization Affiliation: ALDS Health care Foundation (AHF) Address: 6255 W. Sunset Blvd 2157 FL. Los Angeles CA 9028 Street Business phone: (323) 860-5214 Representing: PHF CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:			(★) Ag	ainst proposal
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3/22/2016		NCIL'S RULES OF L BE ENFORCED.		Agenda Item, or Case No. \$ 16-106-51
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NOTE: THIS IS A PUBLIC	TO PROVIDE PERSONAL INFORMATION	THE CITY'S WEBSITE. IN ORDER TO SPEAK
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3-22 -16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
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