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CI	TY OF LOS ANGELES SPEAK	ER CARD	89
YOU ARE NOT R	A PUBLIC DOCUMENT SUBJECT TO POSTING EQUIRED TO PROVIDE PERSONAL INFORMA EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO S	PEAK,
Date 2-17-20\$6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		, Agenda Item, or Case No. 92 ++ 89
I WISH to speak belote the	ame of City Agency, Department, Committee	e or Council	
Do you wish to provide general publ	ic comment, or to speak for qr against a pro	posal on the agenda?	For proposal
Name: Martha	a Hrguello		Against proposalGeneral comments
Business or Organization Affiliation:	PSP-LA & Stand	d-LA	
Address: 617 . S. 01	ive CA (-4 9	0014
Business phone: (213) 689-	IVE CA (9176 _{Representing:} City SR-L	A	Zip
	AID SPEAKER AND PROVIDE CLIENT IN		w:
Client Name:		Pł	hone #:
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.

CITY	OF LOS ANGELES SPEAKE	R CARD	
YOU ARE NOT REQ	UBLIC DOCUMENT SUBJECT TO POSTING (UIRED TO PROVIDE PERSONAL INFORMATI TENT NECESSARY FOR THE PRESIDING OF	ION IN ORDER TO SP	PEAK,
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
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Name: 9 h1	comment, or to speak for or against a propo		() Against proposal () General comments
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CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Ph	one #:
Client Address:	City	State	Zip

	CITY OF LOS ANGELES SPEA	KER CARD	
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Date 02/17/2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agend	
I wish to speak before the Les Angles City Agency, Department, Committee or Council			
Do you wish to provide general pu Name: <u>Samure Sukaton</u> Business or Organization Affiliatio		proposal on the agenda? (× () ()	For proposal Against proposal General comments
Address: 7/9 W, dystree Blad Business phone: 213~614	Guild City Guild City Sym Representing: Srown (CA 90 State	Zip
Client Name: Storma Clu Client Address: 71 4 4 4	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	#: <u>213-829-88804</u> 10005
Street	City	State	Zip

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	CITY OF LOS ANGELES SPEAKER	CARD
YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON T REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFIC	IN ORDER TO SPEAK,
Date 0/17/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	LA City Council Name of City Agency, Department, Committee or (Council
Do you wish to provide general p	ublic comment, or to speak for or against a proposa $fold \in Y$	I on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on: FOOD & WATER WAT	CH
Address: 3000 S.	Robertson Blud # 255, Los City	Angeles CA 90034
Business phone: 323-84		State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card for	or important information and submit this entire card to	o the presiding officer or chairperson

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CITY	OF LOS ANGELES SPEAK	KER CARD
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Do you wish to provide general public c Name: $RABEYA$ SEN Business or Organization Affiliation: E		() Against proposal () General comments
Address:	REPART CONTRACT	Housing
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PAID		
Client Name:		Phone #:
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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 Council Eile No. Agenda Item, or Case No. 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 Name: 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 Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Address:	City		
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address: Street	City	State	Zip
Please see reverse of card	for important information and submit this entire card	to the presiding c	fficer or chairperson.