CITY OF LOS ANGELES SPEAKER CARD #16-0556 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 6 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. f. f. f		
I wish to speak before the Name of City Agency, Department, Committee or Council				
Name: <u>S</u> Egh	ublic comment, or to speak for or against a pro	() Against proposal		
Ū	n:	MI C =		
Address:Street	City	State Zip		
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: Client Address: Street	FthhoLL,	Phone #: <i>X W O G 4 G 1 6 0 7</i> State Zip		

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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 File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 16-0556 Item **DECORUM WILL BE ENFORCED.** LA City (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? K) For proposal Against proposal erge Zann General comments Name: Business or Organization Affiliation: LA Chapter, Brady Campaigh to Prevent Address: <u>434</u> Euclid St. Santa Monica CA 90402 Street Street City State Zip Business phone: (3(0) 666-214/ Representing: LA Chapter of Brady, Campaigh 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 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 File 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 Citv State Zip Business phone: _____ Representing: _____ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street Citv State Zip

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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 Council File No., Agenda Item, or Case No. Date 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? (X) For proposal) Against proposal OVEN General comments Name: Brady AMDAGM Business or Organization Affiliation: 91326 Hace Doral 19155 Address: State Street Business phone: _____ Representing: __ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #: Client Name: Client Address: Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

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Date 6 (1)16	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC		., Agenda Item, or Case No.		
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? (X) For proposal					
Name: JerilyN 5-	tapleton		() Against proposal (X) General comments		
Business or Organization Affiliation: Colfornin National Organization (national					
Address: <u>Ce&W Cohnengo Park Trail</u> Street City State Zip					
Business phone:	Representing:		p		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		F	Phone #:		
Client Address:	City	State	Zip		

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