

# 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 8-30-2014

**THE CITY COUNCIL'S RULES OF  
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
23

I wish to speak before the City Council CF- 0714  
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  
Name: Donna Pearman ( ) General comments

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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 Against proposal  
 General comments

Name: JOHN WALSH

Business or Organization Affiliation: \_\_\_\_\_

Address: LA  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Date

8-30-16

**THE CITY COUNCIL'S RULES OF  
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Council File No., Agenda Item, or Case No.

22 23

I wish to speak before the \_\_\_\_\_

*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

Name: *Arnold Saez* ( ) Against proposal

( ) General comments

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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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: ~~Alfred Torijo~~ Tello Emma

Business or Organization Affiliation: Sheppard Mollin Richter & Hampton

Address: 333 S Hope Street Los Angeles CA 90044  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: Pacific Clinics

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: Pacific Clinics Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

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Name of City Agency, Department, Committee or Council

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( ) Against proposal  
( ) General comments

Name: \_\_\_\_\_

Business or Organization Affiliation: *Antonia Ramirez*

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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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  
Name: Patricia McAllister ( ) General comments

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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