CIT	TY OF LOS ANGELES SPEAKER	CARD /	6-0876-52
YOU ARE NOT RE	PUBLIC DOCUMENT SUBJECT TO POSTING ON EQUIRED TO PROVIDE PERSONAL INFORMATIO	N IN ORDER TO	SPEAK,
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
	ame of City Agency, Department, Committee or	Council	
	c comment, or to speak for or against a propos		() Against proposal
Address:Street	City		
	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:		F	^D hone #:
Client Address:Street	City	State	Zip
Please see reverse of card for im	portant information and submit this entire card	to the presiding	officer or chairperson

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	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	or Council	
Do you wish to provide gener	al public comment or to speak for or against a prop	osal on the agenda	? () For proposal
Name:	MKIT		() Against proposal() General comments
Business or Organization Affil	liation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELC	w:
Client Name:		P	hone #:
Client Address: Street	City		

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

CITY OF LOS AND NOTE: THIS IS A PUBLIC DOCUMENT SU YOU ARE NOT REQUIRED TO PROVIDE F EXCEPT TO THE EXTENT NECESSARY FO	UBJECT TO POSTING ON T PERSONAL INFORMATION	THE CITY'S WEE	SPEAK,
Date 7-27-16 THE CITY COUNC DECORUM WILL		Council File No	., Agenda Item, or Case No.
I wish to speak before the Name of City Agency, De	partment, Committee or C	Council	
Do you wish to provide general public comment, or to speak Name:	< for or against a proposal	on the agenda	? () For proposal (>): Against proposal () General comments
Address: 619 N. WINDSOR	CA.	CA: State	9000 4 Zip
Business phone: Representing: _			
CHECK HERE IF YOU ARE A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	MATION BELC	ow:
Client Name:		P	hone #:
Client Address:		State	Zip

CITY OF LOS ANGELES SPEAKER CARD

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YOU ARE NOT F	A PUBLIC DOCUMENT SUBJECT TO POSTING (REQUIRED TO PROVIDE PERSONAL INFORMATI EXTENT NECESSARY FOR THE PRESIDING OF	ON IN ORDER TO SE	PEAK,
Date 9/27/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., 7	Agenda Item, or Case No.
I wish to speak before the	Iame of City Agency, Department, Committee	or Council	
Do you wish to provide general pub	lic comment, or to speak for or against a propo	sal on the agenda?	() For proposal
Name: Beth Dorr	15		 Against proposal General comments
Business or Organization Affiliation:	Law Offices of Bety	+ S Dorra	5
Address: 3226 Man	lexille Cyr Rd LA	State	90049 Zip
	16/_ Representing: Mary Awa		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip
Please see reverse of card for in	nportant information and submit this entire car	d to the presiding of	fficer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD DNS

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING O T REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SI	PEAK,
Date 9/27/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. 7
I wish to speak before the	LA City COUNC Name of City Agency, Department, Committee c	the second se	/
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agenda?	
Name: Sharco	m Keyser _ P.	al Re	Against proposalGeneral comments
Business or Organization Affiliation	on: Pavamount Pic	TURCS	
Address: 55555	MUROSE LA	State	Zip Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:		Pł	none #:
Client Address:	City	State	Zip
	or important information and submit this entire card		