

CITY OF LOS ANGELES SPEAKER CARD

Date: 11/30/2016

Council File No., Agenda Item, or Case
Item NO. (21) - 16-1060

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Wesley Walker

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: LACAN

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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Name: Beth Kempf

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Al Sabo

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: LACAN

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Name: Craig R

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: _____

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Name: Eric Preven

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Keiutssumi

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: Democracy

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Name: Oscar Mohammad

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: _____

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Name: Zuma Dogg

Business or Organization Affiliation: _____

Address: _____
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Name: General Jeff

Business or Organization Affiliation: Skid Row Issues And Solutions

Address: _____
Street City State Zip

Business Phone: 323.445.0723 Representing: Skid Row Residents

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Name: Yvonne Michelle Autry

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Michael Maier

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: _____

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Name: General Dogon

Business or Organization Affiliation: _____

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Name: Jojo Smith

Business or Organization Affiliation: _____

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Name: Puppet

Business or Organization Affiliation: _____

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Name: Yvonne Mchelle Autry

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: _____

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