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 11/2/16	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	-0 01	Council File No., Ago	enda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department,	Committee or Coun	ncil		
Do you wish to provide general p	public comment, or to speak for or aga	ainst a proposal on	the agenda? () For proposal	
Name: Dr Harel	Simon	Salla	appea (Against proposal) General comments	
Business or Organization Affiliation	on:				
Address: <u>514</u> 5.	Barrington Ave #303	Los Angel	les CA	90049	
Business phone: 310-869	Barryton Ave #303 6020 Representing:	U	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phon	e #:	
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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Date 1/22016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.				
I wish to speak before theNar	ne of City Agency, Department, Committee	ee or Council				
Do you wish to provide general public	comment, or to speak for or against a pro					
Address: 5 7 4 Street	7 Laverz	9 6 07 State Zip				
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:	12 2 () [Phone #:				
Client Address Street	IN DOLLAV	State Zip				

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Date 11-2-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.			
I wish to speak before the	Name of City Agency, Department, Committee or	Council				
Do you wish to provide general Name:	public comment, or to speak for or against a propose Lawrence Edgar	al on the agenda	a? () For proposal (×) Against proposal () General comments			
Business or Organization Affiliati	ion:					
Address: 530 Street 927-	S. Barrington Ave Los Angeles Representing:	State	90049 Zip			
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.