## CITY OF LOS ANGELES SPEAKER CARD

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

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Council File N	lo., genda	or Case No	).
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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 ( ) Against proposal ( ) General comments  Business or Organization Affiliation:  Address:  Street  Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Floore #: A	I wish to speak before the
Name:	
Name:	
Address:  Street  Representing:  City  State  State  Paid Speaker and Provide Client Information Below:  Client Name:  Floorie *:  Address:  Street  Representing:  City  Address:  Representing:  Address:  Representing:  Address:  Add	
Business phone:  Representing:  City  State  Poly  Representing:  City  State  Poly  Representing:  City  State  Poly  Representing:  City  Floore #:  A  City  Floore #:  City  Floore #:  A  City  Floore #:  Ci	Business or Organization Affiliation:
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Client Address: + / / / K YOU / / / / / / / / / / / / / / / / / / /	Client Name: Flore : A That
Street City / StateZiliOa 2 3 5	Client Address: Street / Client Address:
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.	(5/1/2/1 10/A)

## CITY OF LOS ANGELES SPEAKER CARD

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Council File No., Agenda Item, or Case No.  Lean ###				
wish to speak before the Immigration Sul-Committee or Council  Name of City Agency, Department, Committee or Council				
o you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal				
ame: Jen Tyllock () Against proposal () General comments				
usiness or Organization Affiliation:				
ddress: 1819 N. King Slay D. # 305 LA CA 90027 Street City State Zip				
usiness phone: 773 915 3815 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
lient Name: Phone #:				
lient Address: Street City State Zip				

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