

CITY OF LOS ANGELES SPEAKER CARD

Date: 03/21/2017

Council File No., Agenda Item, or Case
Item NO. (9) - 16-1411-S1

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: Albero

Business or Organization Affiliation: _____

Address: 4212 S Grand Los Angeles Ca 90037
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

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

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

Name: John Quigley

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? **Against Proposal**

Name: Patricia Foulkrod

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Julia Posin

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? **General Comment**

Name: Bruce Campbell

Business or Organization Affiliation: _____

Address: _____
Street City State Zip
Los Angeles Ca 90034

Business Phone: _____ Representing: _____

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Name: Scottie Thompson

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business Phone: _____

Representing: _____

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Phone#: _____

Client Address: _____

Street

City

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Name: Madeline Zima

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Laura Palomares

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Laura Palomares

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: _____

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