## **CITY OF LOS ANGELES SPEAKER CARD**

Date: 08/29/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (8) - 17-0325

| Do you wish to provide general public | comment, or to speak for or ac | gainst a proposal on the agenda? | General Comment |     |
|---------------------------------------|--------------------------------|----------------------------------|-----------------|-----|
| Name: Donna                           |                                |                                  |                 |     |
| Business or Organization Affiliation: | Video Conferance Sup           | porter                           |                 |     |
| Address:                              |                                | Van Nuys                         |                 |     |
| St                                    | reet                           | City                             | State           | Zip |
| Business Phone:                       | Represent                      | ing:                             |                 |     |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROVIDE CLII       | ENT 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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| Name: F Herman  |   |                 |     |
| Business or Organization Affiliation: NWA                 |   |                 |     |
| Address:  |   |                 |     |
| Street  | City  | State           | Zip |
| Business Phone:   | Representing: Herman                        |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PRO              | OVIDE CLIENT INFORMATION BELOW:             |                 |     |
| Client Name:  |   | Phone#:         |     |
| Client Address:   |   |                 |     |
| Street  | City  | State           | Zip |

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