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

Date: 06/27/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (79) - 17-0688

| Do you wish to provide go | eneral public comment, or to speak for or | against a proposal on the agenda? | General Comment |     |
|---------------------------|---|-----------------------------------|-----------------|-----|
| Name: Fuck You H          | erman                                     |                                   |                 | _   |
| Business or Organization  | Affiliation:                              |                                   |                 |     |
| Address:                  |   |                                   |                 |     |
|                           | Street                                    | City                              | State           | Zip |
| Business Phone:           | Represe                                   | enting: 42USC TitleII             |                 |     |
| CHECK HERE IF YOU A       | RE A PAID SPEAKER AND PROVIDE C           | 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 provi | de general public comment, or to speak for | or against a proposal on the agenda? | General Comment |     |
|----------|---------------|--|--------------------------------------|-----------------|-----|
| Name:    | Antonia       | Ramirez                                    |                                      |                 |     |
| Busines  | s or Organiz  | ation Affiliation:                         |                                      |                 |     |
| Address  | S:            |  |                                      |                 |     |
|          |               | Street                                     | City                                 | State           | Zip |
| Busines  | s Phone:      | Repre                                      | Representing:                        |                 |     |
| CHECK    | HERE IF YO    | OU ARE A PAID SPEAKER AND PROVIDE          | CLIENT INFORMATION BELOW:            |                 |     |
| Client N | ame:          |  |                                      | Phone#:         |     |
| Client A | .ddress:      |  |                                      |                 |     |
|          |               | Street                                     | Citv                                 | State           | Zip |

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