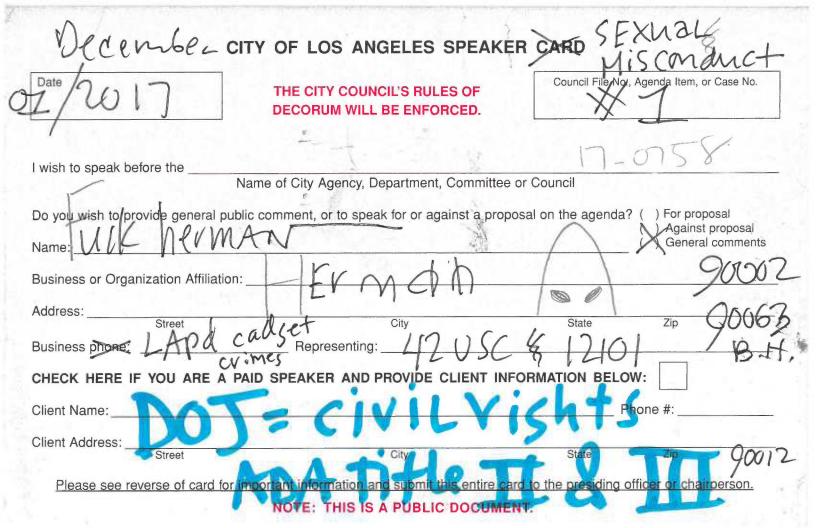
## CITY OF LOS ANGELES SPEAKER CARD

			1
Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
	DECORUM WILL BE ENFORCED.		
I wish to speak before the	FUCK 40 7	-17-	0158
	Name of City Agency, Department, Committee or	Council	
	ublic comment, or to speak to or against a propos	al on the agenda?	<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Name:		Ju -	( ) General comments
Business or Organization Affiliation	on:		
Address:Street	1 -		
	City	State	Zip
Business phone:	Representing:		50%
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	W:
Client Name:		PI	none #:
Client Address:			
Street	City	State	Zip
Please see reverse of card for	or important information and submit this entire card	to the presiding o	fficer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	Γ.	



## CITY OF LOS ANGELES SPEAKER CARD

Date 12-(-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	City (mui) Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general pul	blic comment, or to speak for or against a propo		() Against proposal
Name:	I'm proch		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation	n:		
Address:Street		State	Zip
	Representing:		
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		PI	hone #:
Client Address:	City	State	Zip
Please see reverse of card for	important information and submit this entire car	d to the presiding o	fficer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUME	NT.	

## CITY OF LOS ANGELES SPEAKER CARD

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council ale No.	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of		
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	sal on the agenda?	() For proposal
Name:	Caplilo 10	X	<ul><li>Against proposal</li><li>General comment</li></ul>
Business or Organization Affiliatio	n:		
Address:Street	City		7.
		State	Zip
Business phone:	Representing:		·····
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card for	r important information and submit this entire car	d to the presiding of	officer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUME	NT.	