CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 5 7/8	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Budget + Finan	Council File No.	Agenda Item, or Case No.		
	Name of City Agency, Department, Committee or	Council			
Do you wish to provide general p	public comment, or to speak for or against a propose	sal on the agenda?	P () For proposal () Against proposal () General comments		
Business or Organization Affiliation:					
Address:					
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	- History	PI	none #:		
Client Address:	City	State	Zip		

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

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			10 000		
Date 05/7/18	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	Council File No., Report B	Agenda Item, or Case No.		
I wish to speak before the	ADDRECH CONTRACT	Budget 4	France		
	Name of City Agency, Department, Comm	nittee or Council			
Do you wish to provide general Name: Stephenie	public comment, or to speak for or against a	proposal on the agenda?	For proposal () Against proposal () General comments		
Business or Organization Affiliati	ion: AARP Californi	a			
Address: 200 S. Los	kordes Are, Suite 400 }	Pasadeng CA	91101		
Business phone: (626) 43	7-89/4 Representing:	State	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pr	none #:		
Client Address:Street	City	State	Zip		
Street	City	State	214		

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Date 5 7 (Ø	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 3 1 dg C C M C Name of City Agency, Department, Committee of City Agency, City Ag	courin	Agenda Item, or Case No. $8-0600$			
Do you wish to provide general pu	blic comment, or to speak for or against a propo	sal on the agenda?	For proposal Against proposal General comments			
Business or Organization Affiliation:						
Address:Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Ph	one #:			
Client Address:Street	City	State	Zip			

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