

CITY OF LOS ANGELES SPEAKER CARD

09-2458-S1

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 6-23-15

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 29

I wish to speak before the LACC Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments

Name: Antonia Ramirez

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: Phone #:

Client Address: Street City State Zip

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Date 01/23/16

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 22

I wish to speak before the _____
Name of City Agency, Department, Committee or Council

HA

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? For proposal Against proposal General comments
Name: DO NOTHING, SAY NOTHING, BE NOTHING herman herman

Business or Organization Affiliation: 1st Amendment

Address: _____
Street City State Zip

Business phone: _____ Representing: title ADA - discrimination harassment

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Sgt. At-Arms

Client Name: STOP discrimination STOP Ada Violations Phone #: _____

Client Address: against the public at LARGE For Programs, Services, Activities
Street City State Zip

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Date 6/23/15

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Council File No., Agenda Item, or Case No. 29

I wish to speak before the _____
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
() Against proposal
() General comments

Name: Wayne KATH

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: _____ Phone #: _____

Client Address: _____
Street City State Zip