

CITY OF LOS ANGELES SPEAKER CARD

13-0461

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 6/13/15

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

Council File No. Agenda Item, or Case No. 31

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 Kuff

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

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

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Date 6/23

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

Council File No., Agenda Item, or Case No.
11 31

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

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

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Date 2015

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

Council File No., Agenda Item, or Case No. # 31 Picnics

I wish to speak before the SCOURNFUL, OPPRESSORS & The Contemptuous 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: Herman

Business or Organization Affiliation: STATE OF mind or MENTAL, EMOTIONAL CONDUCT censorship 1 min

Address: Street City State Zip

Business phone: Representing:

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: []

Client Name: ADA - RETALIATION, harassment unusual treatment Phone #:

Client Address: LA Violation of Programs, SERVICES Street City State Zip Activities