



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 /	THE CITY COUNCIL'S RULES OF	Council File No., A	Council File No., Agenda Item, or Case No.	
2/25	DECORUM WILL BE ENFORCED.	2	9	
I wish to speak before the	Name of City Agency, Department, Committee of	or Council		
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda?/	For proposal	
Name:	Jean Shisema	tev	Against proposal     General comments	
	tion:			
Address:				
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOV	v:	
Client Name:		Pho	one #:	
Client Address:	City	State	Zip	

## CITY OF LOS ANGELES SPEAKER CARD

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Date 225  I wish to speak before the	Name of City Agency, Department, Committee of		o., Agenda Item, or Case No.
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agend	a? ( For proposal ) Against proposal
Name:	Say Harasi		( ) General comments
Business or Organization Affilia	tion:		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street		State	Zìp

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Date Feb 25, 2015	THE CIT COUNCIES HOLES OF		Council File	il File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency,	Department, Committee	or Council		
Do you wish to provide general pu		eak for or against a prop	osal on the age	nda? ( For proposal ( ) Against proposal	
Name: Randy Sax	Kamoto			( ) General comments	
Business or Organization Affiliatio	n: Self				
Address: 2449 W	1. 225H ST	Torrance	(4	90501	
Address: $2449 \omega$ Street  Business phone: $310-724$	7 -449 5 Representir	city g: _ Se/f	State	Zip	
CHECK HERE IF YOU ARE A					
Client Name:				_ Phone #:	
Client Address:		City	State	Zip	

## CITY OF LOS ANGELES SPEAKER CARD

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Date 2/25/15		COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
wish to speak before the	Name of City Age	ency, Department, Committee	e or Council	
Do you wish to provide general Name:		to speak for or against a pro	(	<ul><li>For proposal</li><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affili	ation:			
Address: 1544 Pn	nacast Auc	LA	CA	90025
Street		City	State	Zip
Business phone:	Repres	enting: West LA D	C	
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:			Phor	ne #:
Client Address:Street				