

CITY OF LOS ANGELES SPEAKER CARD

15-0002-552

**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

6-2-2015

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

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

21

I wish to speak before the

City Council

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: Donna Pearson

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.

DMS

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Date

June 2, 2018

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

21

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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: Bryan Barajas

Business or Organization Affiliation:

Address: Street City State Zip

Business phone: Representing:

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☐

Client Name: Phone #:

Client Address: Street City State Zip

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DNS

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Date

8/2/18

**THE CITY COUNCIL'S RULES OF
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Council File No., Agenda Item, or Case No.

21

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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: _____

Wage Spindler

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business phone: _____ Representing: _____

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Client Name: _____ Phone #: _____

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Street

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Date

2015

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☒ Against proposal

☐ General comments

Name: _____

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business phone: _____ Representing: _____

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Client Name: _____ Phone #: _____

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