

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

3-8-17

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

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

#4

I wish to speak before the

Commerce - Trade
Name of City Agency, Department, Committee or Council

15-1480

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
() Against proposal
Name: Antonia Damore () 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: _____ 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

3/7/17

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

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

4

I wish to speak before the

Grant
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

Name: Wayne from Board () Against proposal
General comments

Business or Organization Affiliation:

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Date

03-7
2017

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

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

4

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: Herman

Business or Organization Affiliation:

YES ON 5

Address:

Street

City

State

Zip

Advocate

(4)

life

Business phone:

Representing:

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

☐

Client Name:

Dr. B V. FACKYON JOE BUSCAINO

Phone #:

Client Address:

Street

City

State

Zip

VOTE NO

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