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

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

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I wish to speak before the Name of City Agen	ncy, Department, Co	ommittee or Council	
Do you wish to provide general public comment, or to	speak for or again	st a proposal on the agen	da? ( ) For proposal
Name: MAVNE HEAL	1		( ) Against proposal General comments
Business or Organization Affiliation:	05 STREE	TSCAPERS	>
Address: 3912 BENEVICE AV	1 LA	CA .	90031
Business phone: 626 57 676 Represen	nting:	State	/ Zip /
CHECK HERE IF YOU ARE A PAID SPEAKER A	AND PROVIDE CLI	ENT INFORMATION BE	:LOW:
Client Name:	The second secon	1	_ 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.

Date 10.19.11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the \( \frac{1}{\capsa_0} \)	Name of City Agency, Department, Committee or	council
Do you wish to provide general Name:	public comment, or to speak for or against a proposa	ll on the agenda? ( ) For proposal ( ) Against proposal General comments
Business or Organization Affiliat	ion: <u>crtot</u>	
Address: 11915 K1	ing 87#2 Velley Villes	Se CA 9 Vario
Business phone: <u>213.399</u>	, 3648Representing: ACHS FAF	flavers_
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
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Date	10,12.2011	

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

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

Name of City Agency, Department, Committee or Council			
you wish to provide general public comment, or to speak for or against a proposal on the agenda? (X For proposal			
ime: Guttia Rogers () Against proposal () General comments			
siness or Organization Affiliation: Volume Neighborhood Conncil			
dress: 1516 Electric Street Venice CA G029/			
siness phone: 316.936.9060 Representing: Stake let Board Member - UNC)			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
ent Name:Phone #:			
ont Addrson			
ent Address:Street City State Zip			

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

Date 10/12/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	ANTS, PARKS  Name of City Agency, Department, Committee	e or Council	
	public comment, or to speak for or against a pro-		
Name: Euz	LABETA BLANEY		( ) Against proposal ( ) General comments
Business or Organization Affilia	EABETH BLANEY tion: UNION DE VECINOS	***************************************	
Address:		A STATE OF THE STA	
Address:Street	City	State	Zip
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w:
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Date /0/12/1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	ANTS, PARICS  Name of City Agency, Department, Committee	tee or Council	
	public comment, or to speak for or against a p		da? ( ) For proposal
Name: Acr	14 SALG100		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliat	14 SALCIDO tion: UNION DE VECINOS		
Address:		-	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BEI	LOW:
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Date 10/12/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	e No., Agenda Item, or Case No.
I wish to speak before theN	S PARICS & ACING COUMITTE lame of City Agency, Department, Committee or	EE Council	
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Di	mportant information and submit this entire card	to the precidi	ng officer or chairperson

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

NOTE: THIS IS A PUBLIC DOCUMENT.

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council 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 p	public comment, or to speak for or against a propos	al on the agenda? ( ) For proposal ( ) Against proposal <del>( ) General com</del> ments
Business or Organization Affiliat	ion: MCHAN A	MRAIS
Address: Street		State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., A	genda Item, or Case No.
	DECORUM WILL BE ENFORCED.	LAS S	
I wish to speak before the	Own CI Members  Name of City Agency, Department, Committee or	Council	
Do you wish to provide general Name:	public comment, or to speak for or against a propose	al on the agenda?( ( (	) For proposal ) Against proposal ) General comments
	ion: Mobile Mus	ra(Lab	
Address: 4015 w - 2	22nd Pl. Los Angeles City Representing:	State	70019 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	:
Client Name:		Pho	one #:
Client Address:			71.
Street	City	State	Zip

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