Date 9-7-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Wish to speak before the	ks and Elections Comm	
Nan	ne of City Agency, Department, Committee or	Council
Do you wish to provide general public	comment, or to speak for or against a proposa	
Name: Chris Rowe		() Against proposal General comments
Business or Organization Affiliation:	West Hills Neighburhard Co	auncil
Address:Street		
Street	City C	State Zip
Business phone:	Representing: # OP/F	
	SPEAKER AND PROVIDE CLIENT INFO	RMATION 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.

Date G/7/10	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
1710	DECORUM WILL BE ENFORCED.			
I wish to speak before the $Role$	es and Elections and Energy and Envi	ronment Committees		
	Name of City Agency, Department, Committee or	Council		
Do you wish to provide general posterior Rame: Chuck Ra	public comment, or to speak for or against a propos	al on the agenda? () For proposal () Against proposal () General comments		
	ion: Mar Vista Community Counc	:/		
Address: 3133 Cornf	h Auf, Les Angeles,	CÅ 90066 State Zip		
Business phone: 310-869-	6566 Representing: Self			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	/	Phone #:		
Client Address:	Cit.	Choto 7in		
Street	City	State Zip		

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Date 9 7 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or 0	Case No.	
I wish to speak before the	Et WWY Reform Pan			
	Name of City Agency, Department, Committee	ee or Council		
Do you wish to provide general pu	ublic comment, or to speak for or against a pro			
Name:	Tack fun shevill	()Against p		
Business or Organization Affiliatio				
Address:	5900 W. Ishire			
Business phone: 323 930 7	City Representing:	State Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:				
Street	City	State Zip		

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Date 9/7//0	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, Commit	
Do you wish to provide general p	ublic comment, or to speak for or against a p	roposal on the agenda? () For proposal
Name: JOANNE	YVANEK-GARB	() Against proposal General comments
Business or Organization Affiliation	on: WEST HIUS	NC
Address:		
Street Business phone:	City Representing:	State Zip
	PAID SPEAKER AND PROVIDE CLIENT	
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.

Date	THE OIT	Y COUNCIL'S RULES OF	Council File No.	., Agenda Item, or Case No.	
Mr-09-07-10	DECOR	UM WILL BE ENFORCED.	10-0581-1	7 & 10-1289	
I wish to speak before the			/ O		
	Name of City A	Agency, Department, Commit	tee or Council		
Do you wish to provide general p	public comment, o	or to speak for or against a p	roposal on the agenda	? () For proposal () Against proposal	
Name: MARK' REDICK				General comments	
Business or Organization Affiliat	ion:				
Address: 12060 CULVER Street	BLVO	City	C/4 State	90066	
Business phone: 3/0 657 1		resenting:	State	ΣΙΡ	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	/_		F	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.

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

Date

9/7/2010	DECORUM WILL BE E	0 C 480 1000 1000 400 400 H				
I wish to speak before the Ru	Les & Elections & Ene	194 & Environmen	+ Committees			
	Name of City Agency, Departn	nent, 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: Martha Witerberg () General comments						
Business or Organization Affiliation: Save Stone Caryon Reservoir						
Address: 3/12 Nicada	Drive LA	. CA	90077			
3.1331	Representing:	ota.	Ε ΖΙΡ			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Phone #:			
Client Address:	A.					
Street	City	State	e Zip			

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

Date	THE CITY COUNCIL'S DECORUM WILL BE E	to be dear sound depart depart as	Council File No.,	Agenda Item, c	or Case No.
I wish to speak before the	Enlary Com n Name of City Agency, Depart	ment, Committee or Co	puncil		
Do you wish to provide general	public comment, or to speak for	or against a proposal c	_	() Against	oosal proposal l comments
Business or Organization Affiliat	tion:				
Address: 150147	sestor Blud	1. PACIFIC	CPA/18 State	ndes Zip	90272
Business phone:	Representing:				·
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROV	IDE CLIENT INFORM	TATION BELOV	v:	
Client Name:			Ph	one #:	
Client Address:Street	City		State	Zip	

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Sept. 7, 2010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.				
I wish to speak before the City Council Name of City Agency, Department, Committee	e or Council				
Do you wish to provide general public comment, or to speak for or against a pro					
Name: Maritza Przekop	() Against proposal () General comments				
Business or Organization Affiliation: Wesiderat of Mar Vis	ta				
Address: 3966 Berryman Avenue, Las Ange	eles CA 90066				
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: City	State Zip				

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

Date 9/7/10	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	S OF	il File No., Agenda Item, or Case No.	
I wish to speak before the	Chy Cowycl - Dwp Name of City Agency, Department, C	Rules + Electro	mn -	
	Name of City Agency, Department, C	committee or Council		
	public comment, or to speak for or again	nst a proposal on the		
Name: Tery Ellen	Robinson		() Against proposal () General comments	
Business or Organization Affiliat	ion: Palms NC			
Address: 3662	Midvale Are #5 1	~A CA	90034	
Business phone: 310,202	6730 Representing: Rdm	SNC Sta	te Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:		,		
Street	City	Sta	te Zip	

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

Date 9 7 / 0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	Rocas + ECECTION Name of City Agency, Department, Commit	ENERGY + ENO ENERGY + ENO			
	radio of oity Agency, Department, Commit	ico di Odundii			
Do you wish to provide general p	public comment, or to speak for or against a p	roposal on the agenda? () For proposal () Against proposal			
Name: STEV	5) WXDINE	() General comments			
Business or Organization Affiliati	on: BARCOC				
Address: MAA	C-TY HALL				
Business phone: Street	City BAB	State Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:	City	State Zip			

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

Date 9/7/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Rus & Blustimi Committee Name of City Agency, Department, Committee	
Do you wish to provide general Name: Name:	public comment, or to speak for or against a pr	oposal on the agenda? () For proposal () Against proposal General comments
Business or Organization Affilia	tion:	10 Cal care
Address: 13700 MANNA- Street Business phone: 1310)872	,	State Zip
•	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.

Date	N N N N N N N N N N N N N N N N N N N	UNCIL'S RULES OF ILL BE ENFORCED.	Council F	File No., Agenda It	em, or Case No.
I wish to speak before the	Name of City Agency	WP , Department, Comm	q 7	2010 crimina	e law way
Do you wish to provide general	oublic comment, or to s	peak for or against a	proposal on the ag		proposal
Name: X VILLE	ufred				ainst proposal eneral comments
Business or Organization Affiliat	ion: Humaey	Boothie	unstit	rte	
Address: 3701 V	Miltiview	Dr	LA	Ca	90068
Street Business phone: 323 8	7453 Representi	ng: SHE	State	Zip	
CHECK HERE IF YOU ARE			INFORMATION I	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.

		_			
Date	THE CITY COUNCIL'S I DECORUM WILL BE EN	e do ma mer do u	Council File	No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Departm	P 9/7/a	ZPQD	Pht quality	
Do you wish to provide general p	oublic comment, or to speak for o	r against a proposal	on the agen		
Name: JIKKi Huf	naigh		and the contraction of the contr	()Against proposal (ℳGeneral comments	
Business or Organization Affiliat	ion: Biochues	1かめな			
Address: 3701	multiview Drive	LA		70068	
Street Business phone: 323 8	74 - 5530 City Representing:		State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				Phone #:	
Client Address:Street	City		State	Zip	

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Date	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	:5 OF	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department,	Committee or Council	Deuse of Figure
Do you wish to provide general p	public comment, or to speak for or aga	inst a proposal on the agenc	la? () For proposal
Name: Hutnagel	VIKKI		() Against proposal () General comments
Business or Organization Affiliati	on: 3701 Multi	view Dr	
Address:	Bidethics matita	t Ce	90068
Business phone: Street	874 5530 City Representing:	State	Zip
	PAID SPEAKER AND PROVIDE	LIENT INFORMATION BEI	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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

Date	THE CITY COUNCIL'S		Council File No., A	genda Item, or Case No.
I wish to speak before the	May Vista Name of City Agency, Depar		Council was	P ste + apriseu
Do you wish to provide general p	oublic comment, or to speak for	r or against a propos	al on the agenda? () For proposal) Against proposal
Name: Humagu	VICO.	Constitution of the Consti	1-2	General comments
Business or Organization Affiliati	ion: Discharce	TUBU	tull	
Address: 370 (Multiver	D-	LA-	90068
Business phone: Street	S74 SSSS Representing:	HBI	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Pho	one #:
Client Address:Street	Cit	у	State	Zip

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

Date 9 -) - / 0	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 proposa	al on the agenda? () For proposal			
Name: BURNE		() Against proposal () General comments			
Business or Organization Affiliation:					
Address: 1911 OVE /	ILAND AVE HS	A CA 90025 State Zip			
Address: 910000 CAD AD ATE State Zip Business phone: 3103997500 Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:					
Street	City	State Zip			

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Date 9/7/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.		
(\wedge	٨			
I wish to speak before the	les and Electron AND	Energy of E	miro unt		
Na	me of City Agency, Department, Comm	nittee 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					
vame: Alex Thompson () General comments					
Name: Alex two mpson () Against proposal () General comments Business or Organization Affiliation: Was MVC					
Addross					
Address:Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pho	one #:		
Client Address:					
Street	City	State	Zip		

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Date 975	THE CITY COUNCI	L'S RULES OF E ENFORCED.	Council File No., Ag	enda Item, or Case No.	
I wish to speak before the	Joint fules/ Name of City Agency, Dep	Elections + Every transport to the committee or the commi		ronment Com	
Do you wish to provide general p	ublic comment, or to speak	for or against a proposa	Il on the agenda? (
Name: Kenneth S. A	Jone			Against proposal General comments	
Business or Organization Affiliation	on: MCC É	ET/IG-	Chair		
Address: 3777 Military	tary Ave. (A.	CA Committee	1 2 3 2 3 2 1		
Business phone: Street 310 413-6136 Representing: Mac Vista Community Councer					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Pho	ne #:	
Client Address:					
Street		City	State	Zip	

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Date 09-07-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1 20 11	Agenda Item, or Case No.		
I wish to speak before the $R+E$	and EtE of/	ACC			
Name	e of City Agency, Department, Comn	nittee or Council			
Do you wish to provide general public co	omment, or to speak for or against a	proposal on the agenda?	() Against proposal		
Name: Jelje Fludet			(C) General comments		
Business or Organization Affiliation:					
Address: 3015 Thatc	her Ave		90292		
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Ph	one #:		
Client Address:Street	City	State	Zip		

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