	1		
Date 5/26/05	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. Then No, 9
I wish to speak before the Name	e of City Agency, Department, Committee or		
Do you wish to provide general public c	omment, or to speak for or against a proposa	d on the agenda?	
Name: Lampe Lawson			Against proposal General comments
Business or Organization Affiliation:	Clear Channel Outdon		
Address: 19320 Hambur	gate way Los Angeles	CB	90501
Business phone: (310) 755-723 4	gate way Los Angeles City Representing: Clear Chunnel	State Outlers	Zip
	SPEAKER AND PROVIDE CLIENT INFOR		
Client Name:		P	none #:
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.

NE LOS ANGELES SPEAKER ARD Date Council File No., Agenda Item, or Case No. APHE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Name of City Agericy, 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 Business or Organization Affiliation: / _ Representing: 👱 CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: ____

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

State

Zip

City

Date 05/26/2009

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

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

I wish to speak before the Los Angeles Name of City Age	s City Co.	uncil		
Name of City Age	ency, Department,	Committee or Cou	uncil	
Do you wish to provide general public comment, or t	to speak for or aga	inst a proposal or	n the agenda	
Name: Phil Recht				() Against proposal () General comments
Business or Organization Affiliation: Mayer B	rown LLP			
Business or Organization Affiliation: Mayer B Address: 350 S. Grand Ave., 26th F	loor Los	Angeles,	CA	90071
Business phone: (213) 2 29 - 9500 Represe		<i>y</i> ,	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER	AND PROVIDE C	LIENT INFORMA	ATION BELO	ow:
Client Name:				Phone #:
Client Address:	Cit.		Chata	**************************************
SII€€I	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 COUND			Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agerloy, D	epartment, C	ommittee or C	ouncil	
Do you wish to provide general p	oublic comment, or to spea	k for or agair	nst a proposal	on the agenda?	
Name: Taynyn El	van fel)				() Against proposal () General comments
Business or Organization Affiliat	ion: Hallywood	Dell	Ciril	Assn	
Address: 214 Street		IA	<u> </u>	90068	
Business phone: 2\0\171	Representing:	City Vei c	hborhood	State	Zip
CHECK HERE IF YOU ARE A		0			w: []
Client Name:	***************************************			P	hone #:
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.

5/26/09	THE CITY COUNCIL'S DECORUM WILL BE			Agenda Item, or Case No. 0\(\cap -2020 \)
I wish to speak before the	Name of City Agency, Depa	rtmant Committee or C		3
Do you wish to provide general Name: Dand Gold	public comment, or to speak fo			() For proposal Against proposal () General comments
Business or Organization Affiliat	ion: Latham! N	atkins Ingules	CA	9007-1
Business phone: 213 -485	Cr Representing:	AEG	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PRO	VIDE CLIENT INFOR	•	hone #:
Client Address: Street	Ci	ty	State	Zip

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

CITY / I LOS ANGELES SPEAKER / RD

Date 4/09	THE CITY COUNCIL'S I DECORUM WILL BE EN	RULES OF	ouncil File No.	, Agenda Item, or Case No.
I wish to speak before the	OCTY COUNC Name of City Agency, Departm	nent, Committee or Cour	ncil	,
Do you wish to provide general	oublic comment, or to speak for c	r against a proposal on	the agenda	
Name: LISA	SARKIR			Against proposal General comments
				COUNCIL
Address: 1/603	ion: STUDIO CETY KERGEY 57 G	STUDIO CETTS	24	71600
Street	City		State	Zip
Business phone:	Representing:		·····	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFORMAT	TION BELO	ow:
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.

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	e or Council
Do you wish to provide general	public comment, or to speak for or against a pro	
Name: <u>605</u> NA	DARRO-	(→ Against proposal () General comments
Business or Organization Affiliat	ion: SAS JEDRO Electore	510 N CO.
	me Ase Alman tos	
Street Business phone: 310.54	5-466/ Representing: CALFORN-A	State Zip 5 5 Zana X
	A PAID SPEAKER AND PROVIDE CLIENT IN	<u> </u>
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.

CITY / I LOS ANGELES SPEAKER / IRD

THE CITY COUNCIL'S RULES OF

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

Date

05/26/2009	DECORUM WILL	BE ENFORCED.	Items	7 9.13
I wish to speak before the	OS Angeles Ci- Name of City Agency, D	ty Council Department, Committee or	Council	
Do you wish to provide general p	oublic comment, or to spea	ak for or against a proposa	al on the agend	
Name: Mark Tarczu	ynski			() Against proposal () General comments
Name: Mark Tarczu Business or Organization Affiliati	ion: CB Richard	Ellis		
Address: 356 S. Grand Street		-	CA State	90071 Zip
Business phone: (213) 613 - 3	3377 Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND I	PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:				Phone #:
Client Address:		City	State	Zip
Ottoot		Oity	State	- ,₩

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

Date 5/26/09	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	SOF _	ouncil File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department,	Committee or Cour	9 E	13
h	public comment, or to speak for or aga	inst a proposal on	the agenda?	
Name: <u>Pennis</u>	Hathaway		~~~~	Against proposal General comments
Business or Organization Affiliati			•	
Address: // 2 Street	Palms Bli City	lenice	Contract State	Zip
	Representing:		~	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE C	LIENT INFORMAT	TION BELO	W:
Client Name:			Ph	none #:
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 5/26/09	THE CITY COUNC DECORUM WILL I		Casa No	o., Agenda Item, or Case No.
I wish to speak before the	CHy Council Name of City Agency, De	partment. Committee or		9:13
Do you wish to provide general portal Name:	public comment, or to speak	•		a? () For proposal Against proposal () General comments
Business or Organization Affiliat	ion: Latham;	Nathans		
Address: 355 S Street Business phone: 213 – 415		City Davamonat	State	9071 Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P		RMATION BEL	ow: 💢
Client Name: Paramon Client Address: 555 N Street	mt Newser Arc Li	5 Anglu	State	Phone #:

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

CITY 7 LOS ANGELES SPEAKER RD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 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: Business or Organization Affiliation: Address: 6120 Representing: The Federates CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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

City

Client Name:

Client Address:

NOTE: THIS IS A PUBLIC DOCUMENT.

Phone #:

Zip

State

Council File No. Agenda Item or Case No.

State

Zip

Date

Client Address:

05/26/2009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Items 9 413		
I wish to speak before the	OS Angeles City Council Name of City Agency, Department, Committee or			
	Name of City Agency, Department, Committee or	Council		
	public comment, or to speak for or against a proposa	l on the agenda? () For proposal () Against proposal		
Name: Veronica Per	ez Bewer	() General comments		
Business or Organization Affiliati	on: Central City Associatio	n		
Address: 626 Wilshire	on: <u>Central City Associatio</u> BlVd., Suite 200 Los Angeles	s, CA 9017		
	City 7 Representing:	/ State Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		

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

City

Date May 26, 2009	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	Q.	o., Agenda Item, or Case No.
I wish to speak before theN	ame of City Agency, Department, C	ommittee or Council	
Do you wish to provide general publ	ic comment, or to speak for or agair	st a proposal on the agenda	a? (X) For proposal
Name: Lawra	Silagi	· + 1 1	() Against proposal () General comments
Business or Organization Affiliation:	Venco (Imm	uny Coals	
Address: 1072 /	alma Blod.	Venue C	n 90291
Business phone:	Representing:		*
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CL	IENT INFORMATION BELO	ow:
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 5/26/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Coty Connail	9:13
Do you wish to provide general Name:	Name of Sily Agency, Department, Committed	
Business or Organization Affiliat	ion: NBC UNVUSAL	
Address: Street	INVUSAL City Plays 1250/0	04 MANURAL CATY, CA 9168
Business phone: \\ \forall \textstyle - \tex	.9632 Representing:	
CHECK HERE IF YOU ARE A	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.

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

Date

5/26/09		UNCIES RULES OF ILL BE ENFORCED.	ITEM 9	1(13)
I wish to speak before the		y, Department, Committee	e or Council	
Do you wish to provide general	public comment, or to s	peak for or against a prop	oosal on the agenda?	() For proposal
Name: PATRICK J. D	wens			(Against proposal () General comments
Business or Organization Affilia	tion: IBEW LE	CALII		
Address: 297 N-		-	ČA	9dol Zip
Street Business phone: 626 243		•		Zip
CHECK HERE IF YOU ARE				w:
Client Name:	WA-		PI	none #:
Client Address:				
Street		City	State	Zip ,

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	CITY F LOS AN	IGELES SPEAKEI	R ARD	# 9	.•
Date 5-26-09		NCIL'S RULES OF L BE ENFORCED.		No., Agenda Item, or C	
I wish to speak before the	Name of City Agency, I	Co	or Council		
Do you wish to provide general	public comment, or to spe	ak for or against a propo	osal on the agen	da? For propos () Against propos () General c	al oposal omments
Business or Organization Affiliat	ilon:	AlA Los	ANGEL	E3	
Business or Organization Affiliat Address: 3780	Wilshine	B/vD, #80	00 LA	, CA 90	0/0
Business phone: 213.63	9, 0777 Representing	City	State ' /	Zip	
CHECK HERE IF YOU ARE	•		ORMATION BE	LOW:	
Client Name:				Phone #:	
Client Address:Street	***************************************	City	State	Zip	***************************************

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Date 5/26/09	THE CITY COUNC DECORUM WILL E		Council File No 68 - 20 Item	
I wish to speak before the	CITY COUR Name of City Agency, De		Council	
Do you wish to provide general p	public comment, or to speak	for or against a propos	al on the agenda	a? () For proposal
Name: RICHARD SPICER (Volunteer) () Against proposal (Ungeneral comments				
Business or Organization Affiliat	ion: GREATER GR	IFFITH PARK	Neighbo	orwood Cocenon/
Address: 4 co 2 l	HOLLY KNOLL	DR, Los Ange	eles, CA State	90027 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.

CITY (LOS ANGELES SPEAKER C 3D

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. LTCM # 9
I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council
Do you wish to provide general p	public comment, or to speak for or against a	
Name: ED. WAS	SELMAD	() Against proposal () General comments
Business or Organization Affiliat	ion: DAKTRONICS, IN	JC.
Address: 23679 (CA1A345AS RD #37	2 (A/B3/95/95, CA 9/302
Business phone: \$78.5	99-575 Representing: DAKEro.	2 (A/BS/95/95, CA 9/302 State Zip. NICS fCA/FORN.A 5-1.3 Zw.Dostry
	A PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
Client Address: Street	City	State Zip

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CITY C LOS ANGELES SPEAKER C 7D

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

Date

5(36)09	DECORUM WILL		と	TAN	9,13	
I wish to speak before the	CITY CONN C	***************************************	iittee or Counc	oil		
Do you wish to provide general	public comment, or to spea	ak for or against a	proposal on th	ne agenda		
Name: Tommy F	AAVAE			·····	(√) Against p () General c	•
Business or Organization Affiliat	tion: IBFW	10cm 11				
Address: 8333 P1	RPORT BWD.	N ROST CHAR	STEAT ,	State	90045	
Address: 8333 A10 Street Business phone 3(a) 256-3	Boqt Representing:	IPEW	LOCAL		41 EV	
CHECK HERE IF YOU ARE						
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.

CITY C LOS ANGELES SPEAKER C D

Date 5/26/09	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OF	Council File No., /	Agenda Item, o	or Case No.
I wish to speak before the	Name of City Agency, Department, C	ommittee or Cour	ncil		
Do you wish to provide general pu	ublic comment, or to speak for or again	st a proposal on	the agenda?	() For prop	oosal
Name: LEOWARI	And the second s			() Against	proposal l comments
Business or Organization Affiliation	n:				
Address: 8600 Sp	V ETON AVE	GINOGA	C+~+~ >	C4 9	134
Business phone: 818772	5399 Representing:		State)	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	IENT INFORMAT	TION BELOV	/: <u> </u>	
Client Name:		······	Ph	one #:	
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 May 200 S	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	4 0 9 12	a Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co	ommittee or Council	
Do you wish to provide general p	public comment, or to speak for or agains		
Name: WCUG.	Saunders		Against proposal General comments
Business or Organization Affiliati	on: La Beea Millous	My Coalstron	
Address: \$43 North	Defroit Street,	State / Z	9004L
Business phone: 323-93	92754Representing:	U	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELOW:	
Client Name:		Phone #	f:
Client Address:			
Street	City	State Z	lip

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THE CITY COUNCIL'S BULES OF

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

05/26/2009	DECORUM WILL BE ENFORCED.	Items !	9:13
I wish to speak before the	OS Angeles City Council Name of City Agency, Department, Committee		
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a prop	osal on the agenda	
Name: Ruben Gonz	zalez		() Against proposal () General comments
Business or Organization Affiliati	ion: Englander 4 Associates	ζ	
Address: 80 S. Figuero	= St., Suite 1050 Los Angele	L, CA State	90017 Zip
Business phone: (213) 741	·		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	· Citv	State	Zip

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Date 5/26/09	THE CITY COUNCI DECORUM WILL B		Gouncil File No., 1 Tem (9) Tem (13)	Agenda Item, or Case No.
I wish to speak before the(City Council Name of City Agency, Dep	artment, Committee or (
Do you wish to provide general p				
Name: Bennett Co	hon			() For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Westwood S	0. 8F SM. W	benesure	<i>is</i>
Address: 1906 Pros	ser Ava	LA	CA PO	1025
Name: Bennett Consideration Affiliate Address: 1906 Pross Street Street 310 47	15-6286 Representing:	City	State	Zip
CHECK HERE IF YOU ARE				
Client Name:			Ph	one #:
Client Address:		A.).		
Street		City	State	Zip

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THE OTTY COMMON CONTROL

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

Date

5/26/09		LL BE ENFORC		F9 +	芷/3		
I wish to speak before the	CTTY COUNCI Name of City Agency		ommittee or Cou	ıncil			
Do you wish to provide general	public comment, or to sp	oeak for or again	st a proposal or	the agenda			
Name: ROBERT DA	VZS					st proposal al comments	
Business or Organization Affiliat	tion: LABORERS,	STUDEB	UTILDRY	EMPLI	YEES, L	_0C4L 72	5
Address: 6700 MEL	-ROSE AVE.	HOLLYW	000	Ca.	9003	38	
Address: 6700 MCL Street Business phone: (3)37938	-6277 Representi	ng: <u>M&M</u>	BERS	Oldie	ΖIŲ		
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CL	IENT INFORMA	ATION BELO	OW:		
Client Name:				F	Phone #:	and the second s	
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 5 26 09	THE CITY COUNCIL'S F		Council File No., Age	nda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	unper nent, Committee or C	- CG (ouncel_
Do you wish to provide general p	oublic comment, or to speak for o	r against a proposal	on the agenda? (
	Frankel		(\ (\) Against proposal General comments
Business or Organization Affiliati	on: ntagte	Compus	uty (our	e.l
Address: 1336	3 Promontary	RQ. fA-	CA.	90049
Sheet	Oţţy		State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phon	e #:
Client Address:Street	City		State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5/26/09	DECORUM WILL BE ENFORCED.	9
I wish to speak before the	inty Council	
	Name of City Agency, Department, Commi	ttee or Council
	oublic comment, or to speak for or against a p	proposal on the agenda? () For proposal () Against proposal
Name: DAVID GAR	FWHE	() General comments
Business or Organization Affiliat	ion: TARZANA PROPERTY OWN	ERS ASSOC
Address: 6073 C	ALVIN AVE TARZANA	CA 91351
Street Business phone: (6/8) 98/- 6	ALUIN AVE TARZAN* City TARZANA P Representing: TARZANA P	State Zip 20 PERTY OWNEER \$550 C
CHECK HERE IF YOU ARE	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		Council File No., Agenda Item, or Case No.
5-26-09		#9
I wish to speak before theName of eity	Conncil y Agency, Department, Commi	ttee or Council
Do you wish to provide general public commen	t, or to speak for or against a p	
Name: RAY BAKER	10	(>) Against proposal () General comments
Business or Organization Affiliation:	AR Alvertizi	ry
Address: 5670 Wilshire Bluzh, S		CA 90036
Street Business phone: 373-933-3222 Re	-	ADV. of Los Angeles
CHECK HERE IF YOU ARE A PAID SPEAK	KER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	Citv	State Zip

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	CITI / LOS AIRGLLES SPEAKE	T BELL	
May Ne, 7009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, o	or Case No.
) '		,	
wish to speak before the $_$	Hy Cuncol Name of City Agency, Department, Committee		······
	Name of City Agency, Department, Committee	or Council	
Name: PANU TOPIAL	public comment, or to speak for or against a propo	(/) Agains () Genera	t proposal al comments
Business or Organization Affiliat	ion: Los Angeles Avea Cham	ber of Common	ce_
Address: <u>350 Such</u>	BIX-e1 St los Angeles	CA 90017	7
	1531 Representing: L. A. Avea CV		
	A PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:		Phone #:	
Client Address:	O.b.	State Zip	
Street	City	State Zip	

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CITY LOS ANGELES SPEAKER (RD					
5/21/09	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE	2 to 19) \	Agenda Item, or Case No. 08 - 2020		
I wish to speak before the Nar	ne of City Agency, Department, Coi	mmittee or Council			
Do you wish to provide general public	comment, or to speak for or agains		() For proposal () Against proposal () General comments		
Business or Organization Affiliation:	Westwood So of S	M Homesware	S S		
Address: 1906 Prosser	Ave LA	State	90025		
Address: 1906 Prosser Street Business phone: 310 475-6	28 Representing:	Clare	Σιρ		
CHECK HERE IF YOU ARE A PAIL		ENT INFORMATION BELOV	N:		
Client Name:		Pt	none #:		
Client Address:	A)				
Street	City	State	Zip		

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THE CITY COUNCIL'S RULES OF

Date

3-26-09	DECORUM WILL BE ENFORCED.	7613
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 prop	
Name: Tim Bo	1+2/	() Against proposal () General comments
Business or Organization Affiliation	on: THE HANDVEY CO.	
Address: 333 N. GL	ENDAKS BLVD (SUITE SOO) BUVBANK	CA 9 502 State Zip
	SIBED: Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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

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		1+eam
	Name of City Agency, Department, Committ	tee or Council
	public comment, or to speak for or against a pr	
Name: $SEAM$	MURPHX	() Against proposal () General comments
Business or Organization Affiliat	ion:	
Address: 5747 L	9 CEFE CANX	$\frac{9/607}{\text{State}}$
Business phone:	Representing:	·
CHECK HERE IF YOU ARE A	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 5/16/09	THE CITY COUNCI		Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	OVNC(L partment, Committee or C	Douncil	***************************************
Do you wish to provide general	public comment, or to speak	for or against a proposal	on the agenda? (
Name:	CRAIG LAWSON		() Against proposal General comments
Dunings or Organization Affilia	tion: RAIB (Au	SON + GO LL	c	
Address: Street	S& VENICE	BL # 200	L A	90034
Business phone: Street	₩ 2400 Representing:	City VARIOUS	State	Zip
CHECK HERE IF YOU ARE			MATION BELOW	[A.
Client Name:			Pho	ne #:
Client Address:	***************************************	City	State	Zip

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

90071

05/26/2009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Items 9 : 13
I wish to speak before the	S Angeles City Counce Name of City Agency, Department, Comm	ittoo or Council
Do you wish to provide general pu	blic comment, or to speak for or against a	
Name: Shiraz Targri	Δ. Δ. Δ	() Against proposal () General comments

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

Address: 333 S. Hope St., 16th Floor Los Angeles, CA

Business phone: (213)576-1090 Representing:

Business or Organization Affiliation: Alston + Bird LLP

Date

Client Name: ______ Phone #: _____

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Date 5/26/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No. (Sign (Sign)
I wish to speak before the	Covinci / Name of City Agency, Department, Commit	ttee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a p		
Name: Day	ilve	· (≯Against proposal) General comments
Business or Organization Affiliat	ion: Enlaygered Habitats	Ceague	
Address: 8424 Van	to Minica BI Sh A 592	2 if CA	90069
	2750 Representing: EHZ	State	ΖIP
	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone	e #:
Client Address: Street	City	State	7:
Street	City	State	Zip

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Date 5/26/09	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	ee or Council
Do you wish to provide general	public comment, or to speak for or against a pro	
Name: William	Delvac	() Against proposal () General comments
Business or Organization Affiliat	ion:/	
Address: 10940 Wil	Shire BWH 2100 L	ACA 90024
Business phone 3029		` State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 4/26	THE CITY COUNC		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	partment, Committee or	Council	
Do you wish to provide genera	al public comment, or to speak			() For proposal () Against proposal () General comments
Business or Organization Affili				
Address: 5treet	Colores	City	State	Zip
Business phone:	Representing:	<u>CBS</u>		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	ROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip

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Date 5/26/09	THE CITY COUNCIL'S DECORUM WILL BE E	RULES OF	ıncil File No., Agenda	Item, or Case No.
wish to speak before the	City Council		.1	
	Name of City Agency, Departi	nent, Committee or Counci	1	/
	public comment, or to speak for	or against a proposal on the		or proposal gainst proposal
Name: DANTE C	CHARLESTON			ieneral comments
Business or Organization Affiliat	ion: FMG			
Address: <u>3807 W/S</u>	hire BI # 555 city	Los Angeles	CA 90	0010
* Street	City	7	3tate Zi	р
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROV	IDE CLIENT INFORMATIO	ON BELOW:	
Client Name:			Phone #:	
Client Address:				
Street	City	ς	State Zi	n
0001	Only	,	Z-1	٣

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

CITY E LOS ANGELES SPEAKER RO
Date 5 26 07 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 public comment, or to speak for or against a proposal on the agenda? () For proposal Name: () Against proposal
Business or Organization Affiliation: Constitutions Constitutions
Address: 3 5 5 5 000 dev St. City City State State Business phone: App 4 1 Representing: City City Boyle Head
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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CITY	2.1	LUS	ANGELES	SPEAKER	RD

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

Council F	ile No., Agenda Item, or Case No.
9	W/3

I wish to speak before the	ne	- Ci	te	
	Name of City Agency, Do	epartment, Committee or Counc		
	general public comment, or to spea	k for or against a proposal on th	ne agenda? () Against proposal
Name: Business or Organization	on Affiliation: Co. Su	Retta Poers	SIC	General comments
Address:	A	City	State State	
Business phone:			State	Zip
CHECK HERE IF YOU	J ARE A PAID SPEAKER AND F	ROVIDE CLIENT INFORMATI	ION BELOW:	
Client Name:			Phor	ne #:
Client Address:Stre	eet	City	State	Zip

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

·	CITY DE LOS AN	GELES :	SPEAKE	R		
Date	THE CITY COU			Council File No	o., Agenda Item, or Casi	e No.
I wish to speak before the(City Council	?				
Do you wish to provide general	public comment, or to spe	eak for or aga	inst a prop	osal on the agenda		
Name: <u>Helinda</u> Business or Organization Affilia	laylor tion: <u>ho meon</u>	wner			Against prop General com	ments
Address: L+36	lauzouta St	LA	CA	20024	Zip	
Street Business phone:				State	ZIP	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE C	LIENT INF	FORMATION BELO	ow:	
Client Name:		*			Phone #:	
Client Address:		Citv		State	Zip	***************************************

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

Van Nuys

Date/Time Submitted 05/26/2009 10:21 AM		Council File No., Agenda Item, or Case No.	
I wish to speak before the	Coun	cil	
	Name of City Agency, Departm	ent, Committee or Council	
Do you wish to provide general pub Name:	olic comment, or to speak for or against a ZUMA DOGG	() Against	posal proposa I comme
Business or Organization Affiliation	:		
Address:			
Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAII	D SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone No.:	
Client Address:			
Street	C	ty State	Zip

Van Nuys

Date/Time Submitted 05/26/2009 10:22 AM		Council File No., Agenda Item, or Case No.	
I wish to speak before the	Council	I	
	Name of City Agency, Departmen	t, Committee or Council	
Do you wish to provide general public Name:	comment, or to speak for or against a p MATT DOWD	oroposal on the agenda?	() For proposal () Against proposal () General commen
Business or Organization Affiliation:			
Address:			
Street Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID :	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phone No.:	
Client Address:			
Street	City	State	Zip

5/26/69	THE CITY COUNCIL'S DECORUM WILL BE EI	RULES OF	uncil File No., Agen Agenda	da Item, or Case No.
I wish to speak before the	City Cou Name of City Agency, Departm		il	
Do you wish to provide general possible. Richard	public comment, or to speak for c	or against a proposal on th	e agenda? (For proposal Against proposal General comments
Business or Organization Affiliat	ion: <u>Kendall Brill</u>	+ Klieger LLF	>	
· •	Ave of Stars	• •	•	10067
011001	7 1010 Representing:	`	otato	· Imilia
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFORMATION	ON 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 5/26/69		COUNCIL'S RULES OF W WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.	
I wish to speak before the	Name of City Ag	ency, Department, Committee	e or Council		
Do you wish to provide general p	oublic comment, or	to speak for or against a pro	posal on the agenda		
Name: Aaron Lon	- Pezz			(Against proposal () General comments	
Business or Organization Affiliation: Dne Equity (member of California Restaurant 188.) Address: 450 N. Brand Blud Glandale Ca. 9/203 Street City State Zip					
Address: 450 N. Bran	d Blod	Glendale	Ca.	91203	
Street Business phone: \$78-137-			State	Zip	
business phone. 670 657	nepre:	senting.			
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT IN	NFORMATION BELC	W:	
Client Name:			F	Phone #:	
Client Address:					
Street		City	State	Zip	

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Date 5/26/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
1 1		
wish to speak before the	City Council	or Council
	Name of City Agency, Department, Committee	or Council
	oublic comment, or to speak for or against a propo	
Name: Stash	Maleski	Against proposal () General comments
Business or Organization Affiliat	ion: I.C. V. Art	•
Address: 255	+ Lincoln Bly, #162.	Venice, CA90291
Street	City , A A	, State Zip
Business phone:	Representing: City VIc	walists
•	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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.

	CITY / LO	5 ANGELES SPEA	AKEK IND	
Date 05/26/09		COUNCIL'S RULES OF M WILL BE ENFORCED.	1 2	o., Agenda Item, or Case No.
wish to speak before the		Council		
	Name of City A	gency, Department, Comn	nittee or Council	
Do you wish to provide general p	oublic comment, or	to speak for or against a	proposal on the agenda	
Name: Keviv	1 Tan	naki		(X) Against proposal () General comments
Business or Organization Affiliat	ion:A	+T		
Address: <u>USO</u> Street	Olive	St. Room	n 2801 LA	. CA 90015
Street Susiness phone: $\frac{3743}{743}$	-70 \$) Repre	senting: A $ \uparrow $	State	Zip
CHECK HERE IF YOU ARE			T INFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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Zip

City

Street

THE CITY COUNCIL'S BUILES OF

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

Date

5.26.09	DECORUM WILL BE ENFORCED.	4	+13
I wish to speak before the	Name of City Agency, Department, Comr	nittee or Council	
The second secon	ublic comment, or to speak for or against a	proposal on the agenda?	() For proposal () Against proposal
Name: OUN ALDER	2800		General comments
Business or Organization Affiliation	on: WESTFIELD		
Address: 11601 Wils	YIRE BUD LA	CA 90025 State	
Business phone: 310689 2		State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOV	v:
Client Name:		Ph	one #:
Client Address:	Cit.	Ctata	7710
Street	City	State	Zip

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26 Ray 2009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Agenda Item, or Case No.
I wish to speak before the	Mame of City Agency, Department, Committee or	Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	al on the agenda	
Name: John	H. Welborne		Against proposal () General comments
Business or Organization Affiliat	ion: Scenic Californ	nia	
Address: P.O. Bo	x 712345 Los Angele	s CA	9007)
Street Business phone 3 23-933	X 712345 Los Angele. S-1914 Representing: Scenic Cali	State	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
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.

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

State

Zip

Date

Street

5/26/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	#9213
I wish to speak before the	Name of City Agency, Department, Committee or C	Council
Do you wish to provide general pu	ublic comment, or to speak for or against a proposa	
Name: Te ++	Aran	() Against proposal () General comments
Business or Organization Affiliatio	n: <u>CSA</u>	
Address: 866	S. Figueroa SI WA CA	geold
Street Business phone: 7,3673	Representing: C5A	State Zip
	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:		

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

City

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
	public comment, or to speak for or against a prop	
Name: Derek	Ryder	Against proposal () General comments
Business or Organization Affiliat	tion: Coulition to Pay	Billourd
Address: 980 N	vovorst. IA	CA CONS
Business phone: 323-46	254 Representing:	,
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	O.b.	Chala
Sueet	City	State Zip

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

	· ·	
Date \$ /26 / 69	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theN	ame of City Agency, Department, Committee	or Council
Do you wish to provide general publ	ic comment, or to speak for or against a prop	
Name: TO:	Mc Connell	() General comments
Business or Organization Affiliation:	arnie beighoff & a	issociales
Address: 6 5	Figure vou St. Suite 103	SO CA CA 90017 State Zip
Business phone: 113673	Representing:	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELOW:
Client Name:GA		Phone #: 7(367)3716
Client Address:	or Figueroa St CA CA	G 601) State Zip

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•	J	_

Date	
5-26-09	

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

Council File No., Agenda Item, or Case No. 08-2020

I wish to speak before the	City (ounci)				
	Name of City Agency, I	Department, C	committee or Council		
Do you wish to provide general p	public comment, or to spe	ak for or agair	nst a proposal on the	agenda?	
Name: <u>Ken Person</u>					(x) Against proposal() General comments
Business or Organization Affiliati	ion: YESCO			•	
Address: <u>5405</u> N. 100	Justial PKwy	San	Benerdines	رم	92407
Street Business phone: 9 <u>v9-923-76</u>		•			ZIP
CHECK HERE IF YOU ARE A					V:
Client Name:				Ph	one #:
Client Address:					
Street		City	S	tate	Zip

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CITY : LOS ANGELES SPEAKER () RD

Case No.
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