CITY OF LOS ANGELES PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

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

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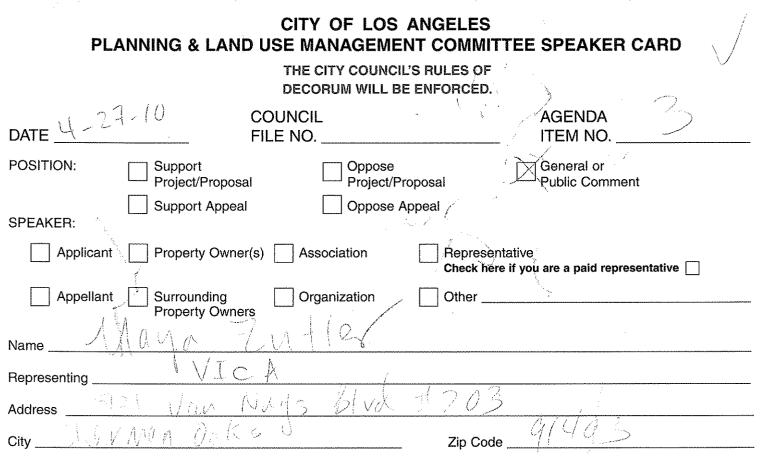
DATE 4-22-10 COUNCIL 51LE NO. 08-2070 AGENDA 3			
POSITION: Support Oppose General or Project/Proposal Project/Proposal			
Support Appeal Oppose Appeal SPEAKER:			
Applicant Property Owner(s) Association Representative Check here if you are a paid representative			
Appellant Surrounding Organization Other			
Name ELEXTRIA KRUGER			
Representing SHADOW HILLS PROPERTY DWDDES ASSOC			
Address 10544 MAHONEY OR			
City SHADDW 14015 CA Zip Code 91040-1216			
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.			

NOTE: THIS IS A PUBLIC DOCUMENT.

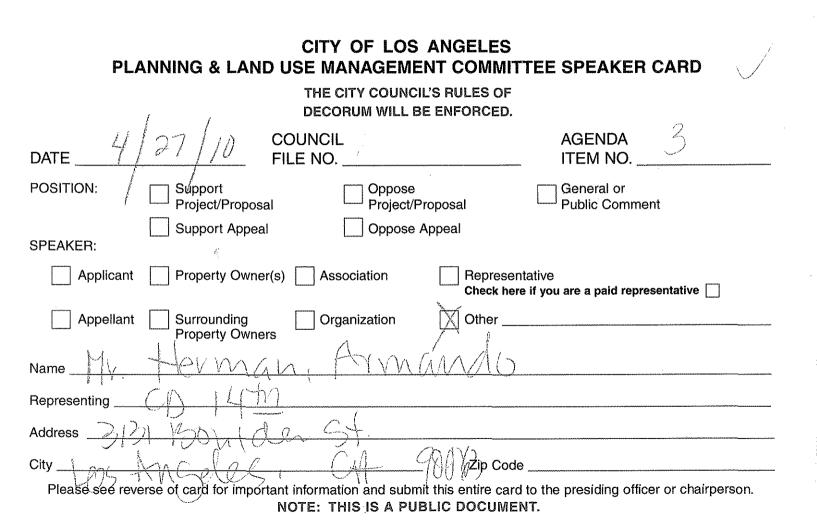
Bpw-2pm	CITY OF LOS ANGELES SPEAKEI	R CARD	
Date 4-27-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 08-2670 # 3	
I wish to speak before the			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name: <u>AWE WILLIAMS</u> () Against proposal () Against proposal () General comments			
Business or Organization Affiliation: Central City, ASSOCIATION Address: 626 Culture Blvd. Suff 200 LA, CA 90017 Street City Inc. A. Marker Zip			
Street Business phone: <u>23-627-1213</u> Representing <u>States</u> <u>States</u> <u>Zip</u> CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: C			
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 OF LOS ANGELES **PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD** THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. COUNCIL AGENDA ITEM NO. FILE NO. (8 - 2012 0) DATE (1. 272 - 2018) POSITION: Support Oppose General or Project/Proposal Project/Proposal **Public Comment** Support Appeal **Oppose Appeal** SPEAKER: Applicant Property Owner(s) Association Representative Check here if you are a paid representative Appellant Surrounding Organization **Property Owners** Name ______ Representing _____ Address Citv Zip Code

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson. NOTE: THIS IS A PUBLIC DOCUMENT.