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Date 8/11/2010		JNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
	DECORUM WII	LL BE ENFORCED.	13	3 11 -
	•		14	M42
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 sp	peak for or against a pro	posal on the agenda?	(V) For proposal
Name: SHITH ALAM				<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
			1,500	. ,
Business or Organization Affiliat	ion: <u>Jalshasha</u>	r Enterlaumen	ž	
Address: 18445 COLLIA Street	15 87. # 109	TARTANA	ca	91356
Street		City	State	Zip
Business phone: (818) 3 72	<u>- 36gな</u> Representir	ng: <u>BUFLA</u>		
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIENT IN	IFORMATION BELO	w:
Client News			Di	
Client Name:				none #:
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Please see reverse of card	or important information	and submit this entire o	ard to the preciding o	fficer or chairnerson

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Date 8-11-2010	THE CITY COUNCI			enda Item, or Case No.
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I wish to speak before the	ENC			
Nar Nar	ne of City Agency, Der	partment, Committee or	Council	
Do you wish to provide general public			) on the agenda? (	For proposal Against proposal
Name: MATIS A.			(	) General comments
Business or Organization Affiliation:	as true			-
Address: 269 S. La Fau Street (	gette rank!	11. #241	State CA	90051
Business phone: 213-820-9	S (Representing: _	LB Const	ilments 2	resident
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PF	ROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:			Phor	ne #:
Client Address:	<b>1</b>	City	State	
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Date	THE CITY COLIN	ICIL'S RULES OF	Council Fi	ile No., Agenda Item,	, or Case No.
8/11/10	1	BE ENFORCED.	08	- 2-85	5
,			7	TEM 2	<i>⊶</i>
I wish to speak before the $2$	ducation &	Neighborb	ord Con	while_	
	Name of City Agency, E	Departmént, Committee	or Council		
Do you wish to provide general  Name: Dv, Zala	* * /		oosal on the age	( ) Again	oposal est proposal ral comments
Business or Organization Affiliat	, , , , , , , , , , , , , , , , , , , ,		· 6, 0P	Los A-	nedo
Address: 715 N. Cewh	ral, Sunte 212	Flendale	State	9/203 Zip	
Business phone: 818-54	17-1330Representing	:		-	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT, IN	FORMATION E	BELOW:	
Client Name:				Phone #:	
Client Address:		••			16.
Street	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

	4. Å	#		
Date	THE CITY COUNCILY		Council File No.	, Agenda Item, or Case No.
8-11-10	THE CITY COUNCIL'S DECORUM WILL BE		08-	2885
			ITEMON#	
I wish to speak before the <u>ED</u>				Comme TIES
	Name of City Agency, Depar	tment, Committee	or Council	
Do you wish to provide general pu	ublic comment, or to speak fo	r or against a propo	sal on the agenda	? ( ) For proposal
, , , , , , , , , , , , , , , , , , , ,	·	5 1-1-1-		( ) Against proposal
Name: MOHAMMED	) MIBH			( ) General comments
Business or Organization Affiliatio				
Address: 350, 5. Cafe	lina St. Los.	ANGELES.	CA-	90020
Business phone:	Representing:	-ittle Ba	ngladesh	*
			// /	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INF	ORMATION BELO	W:
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Client Address:Street	Cit	V	State	Zip
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Date 8 / 11 / 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	0828	Inam 47
I wish to speak before theEducas	hon & Planning Come e of City Agency, Department, Committee or	millee Council	i i i
Do you wish to provide general public of Name:	comment, or to speak for or against a propos	al on the agen	da? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation:	El Salvador Communita	, Corr	idov
Address: 3325 Wilshi	ine Blod., LA City	A-State	90010 Zip
Business phone: $373-984-71/3$	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:	- AMMARIE		Phone #:
Client Address:Street	City	State	Zip
Ottool	Oity	State	<b>ک</b> اپ

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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 (*) A			176911142
Name: NILHAMMAD SHAMM HUSSAIM (1) Against proposal (1) General comments  Business or Organization Affiliation: Address: 373, SO, HOO VER ST. # 311 LOSANGHES CA 7502.0  Street City State Zip  Business phone 213) 268 945 Zibepresenting:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:  Client Address:  Street City State Zip			
Name: MILHAMORD SHAMM HUSSAM () General comments  Business or Organization Affiliation: // // // // // // // // // // // // //	Do you wish to provide general public	comment, or to speak for or against a propo	osal on the agenda? (W For proposal
Address: 373.50, HOOVER ST.# 3// LOSANGETS CA - 7002.0  Street City State Zip  Business phone 213) 268-9452 Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:  Street City State Zip	Name: MUHAMMAD	SHAMIM HUSSAIN.	
Business phone 23 268 945 Z.Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:  Street City State Zip	Business or Organization Affiliation:	LITTLE BANGLA	DESH.
Business phone 23 268 945 Z.Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:  Street City State Zip	Address: 373, 50, 400 )	1ER ST. # 311. LOSAN	16BES CA-90020.
Client Name: Phone #:  Client Address: Street City State Zip	A Section 1997 And the Control of th	•	
Client Address:	CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Street City State Zip	Client Name:		Phone #:
	Client Address:		
	Street	City	State Zip

Date 8 / 11 / 3	2010		THE CITY CO				Council File I	-	tem, or Case No.
I wish to speak bet		Name	<u>∠,</u>	<i>hang/</i> y, Departme	က်, Comr	nittee or (	ITEA I Conneció Council	n#2	oos
Do you wish to pro	_	•		•	<del>-</del>		<del>-</del>	( ) Ac	isinet proposal
Name:		(- P)	11 1120 L	Jali	-	KINO		_ (\) G	eneral comments
Business or Organ	ization Affi	liation:	<u> </u>	191406	26	(11)	177721601	Day -	
Address:	্রিক্ট Street	<u> </u>	Main	S/ City	CA		<i>(_/i</i> -) State		15012_
Business phone:	<u> </u>	<u> 97-83</u>	<u>3</u>	ting:	dicc	a hi	5 NO1.	32600	Thosa .
CHECK HERE IF									
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 9/11/2010	THE CITY COUNCIL'S R	III ES OF	Council File No.,	Agenda item, or Case No.
7/11/2010	DECORUM WILL BE EN	FORCED.	98-2	885
	,		110/1/1	+2
I wish to speak before the $\underline{\mathcal{F}}$	DUCATION Of NE	GHENR 1400	Com	MYTTER
	Name of City Agency, Department	ent, Committee or Co	uncil» \$	A CONTRACTOR OF THE PARTY OF TH
Do you wish to provide general	oublic comment, or to speak for or	against a proposal or	n the agenda?	
Name: ISH7114	A OH1571			( ) Against proposal     ( ) General comments
Business or Organization Affiliat	ion: 13AMG UADESH	ASSOC C	of Los	SANGENES
Address: S1Z E	37 th St LONG City	BEACK	CA 9	70 JO Z
Business phone:	City  Representing:		State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	E CLIENT INFORM	ATION BELO\	W:
Client Name:			Ph	none #:
Client Address:				
Street	City		State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	Hem# 2
I wish to speak before the	
Name of City Agency, Department, Committee of	r Council
Do you wish to provide general public comment, or to speak for or against a propos	sal on the agenda? ( ) For proposal ( ) Against proposal
Name: ARUL KILA 1 2	( ) General comments
Business or Organization Affiliation:	HARSH
Address: 247 S. La Foysetto Park Pl. 4	LA CH 9005)
Business phone: 213-909-6653Representing: LB Cov	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	r <del>in</del> .
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 8 / 11 ) / 0	THE CITY COUNC DECORUM WILL		082885	enda Item, or Case No.
I wish to speak before the	Name of City Agency, De		Guil.	
Do you wish to provide general	public comment, or to spea	k for or against a proposa	al on the agenda?	
Name: <u>A. M. A.</u>	Hashen		(	) Against proposal ) General comments
Business or Organization Affilia	tion: Vermont	Dental		
Address: <u>// 33 * &amp;.</u> Street	Vermort	<u> 1</u>	C //	<u> 90006 ·                                  </u>
Street Business phone:2 <u>13。487</u>	<u>くろのル</u> Representing:	GHL Bang	State La cleak	
CHECK HERE IF YOU ARE				
Client Name:			Phon	e #:
Client Address:Street		City	State	Zip

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Date 8/1/20/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	. 1	Agenda Item, or Case No.
y Alexander			1. H Z
I wish to speak before the <u>FDUC</u> ,	PTTOXIM ALEGARISHED OF City Agency, Department, Committee o	1/00/15 C	operpritted
Nan	ne of City Agency, Department, Committee o	r Council	
	comment, or to speak for or against a propose		( ) Against proposal
Business or Organization Affiliation:			
Address:	Cit	Contraction	7.
Street	City	State	<b>Zip</b>
Business phone:	Representing:	1	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	
Client Name:		P	hone #:

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

City

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Client Address:

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# Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. Separation 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? ( ) Against proposal ( ) Against proposal ( ) General comments ( ) General comments

Client Name: \_\_\_\_\_\_ Phone #: \_\_\_\_\_\_

City

State

Zip

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

Business or Organization Affiliation:

Business phone: \_\_\_\_\_ Representing: \_

Address:

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