YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POS OT REQUIRED TO PROVIDE PERSONAL INFO HE EXTENT NECESSARY FOR THE PRESIDI	DRMATION IN ORDER TO SE	EAK, 14
Date April 9, 20/3 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	08-30	Agenda Item, or Case No.
Name: Sophia G^{\leq} Business or Organization Affiliat Address: $3/5$ W. Business phone: $2/3/629^{-1}$	oublic comment, or to speak for or against a parza (Sophia E: on: Southern Caliyon 94 St. Los Ang S800 Representing: Jame A PAID SPEAKER AND PROVIDE CLIEN	s PARZA) nia Workford Neles OA as above	() Against proposal (4) General comments <u>e Partherskip</u> <u>700 / 5</u>
Client Name:			one #:
Client Address:	City	State	Zip

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

YOU ARE NOT RE	PUBLIC DOCUMENT SUBJECT TO POSTING ON QUIRED TO PROVIDE PERSONAL INFORMATION XTENT NECESSARY FOR THE PRESIDING OFFIC	I IN ORDER TO S	SPEAK,	
Date 4/ 5//3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case) No.
I wish to speak before the	me of City Agency, Department, Committee or C	Council		
Do you wish to provide general public	comment, or to speak for or against a proposa $5m$ $WALSH$	I on the agenda		isal nents
Business or Organization Affiliation: _	s			
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	ow:	
Client Name:		F	hone #:	
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YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING DT REQUIRED TO PROVIDE PERSONAL INFORMATIVE HE EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO S	PEAK,		
Date	THE CITY COUNCIL'S RULES OF	Council File No.	Council File No., Agenda Item, or Case No.		
	DECORUM WILL BE ENFORCED.	#3,08-	3050		
I wish to speak before the	ity Council				
	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	oosal on the agenda	?()For proposal		
Name: Robert Baird			(X) Against proposal () General comments		
Business or Organization Affiliati	ion: Community Health Councils				
Address: 3731 Stocker	- St LA City		90008		
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELC	ow:		
Client Name:		P	hone #:		
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

YOU ARE NO	THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SPEAK,
Date 4-9-13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Counci L Name of City Agency, Department, Committee of	or Council
-	public comment, or to speak for or against a propo	sal on the agenda?()For proposal ()Against proposal
Name: JOHNSO	N NG	=
Business or Organization Affiliat	ion: PACE	
Address:	CICSHINE BLUD. # 90	NA LA 90017
Business phone: $2/3 - 37$	-167] Representing: <u>www.kkf.k.k.</u>	E DEVELOPMENT
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card I	or important information and submit this entire card	to the presiding officer or chairperson.

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON T REQUIRED TO PROVIDE PERSONAL INFORMATIO IE EXTENT NECESSARY FOR THE PRESIDING OFFI	N IN ORDER TO	SPEAK,	
Date 19/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	o., Agenda Item, or Ca	ase No.
I wish to speak before the	City Coursel		- 	
	Name of City Agency, Department, Committee or	Council	/	
Do you wish to provide general p	ublic comment, or to speak for or against a propos	al on the agenda	? () For proposa () Against pro	ıl posal
Name: Dr. Oglo	long Duron		() General cor	mments
Business or Organization Affiliation	m: Southen Colof) Workd	once Vorth	eely
Address: <u>9024</u>	anel Come Son Vall	State	9135 Zio	<u>, 2</u>
Business phone: $8(850)$		2 2 Pl	\mathcal{O}	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:	
Client Name:		J.	Phone #:	
Client Address:				
Street	City	State	Zip	
Please see reverse of card for	r important information and submit this entire card	to the presiding	officer or chairper	rson.