Date / O / P	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
	ame of City Agency, Department, Committe		
Do you wish to provide general publi  Name:  Business or Organization Affiliation:		posal on the agenda?	For proposal     Against proposal     General comments
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW	/:
Client Name:		Pho	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 10/12/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the Na	me of City Agency, Department, Committee	ee or Council
	comment, or to speak for or against a pro	oposal on the agenda? ( ) For proposal (※) Against proposal
Name: <u>Leland C</u>	han	( ) General comments
Business or Organization Affiliation: _	California Banker	s Association
Address: 1303 J	St. Ste. 600 Sacrame	ent CA 95814
Business phone: $9/6-438$	4404 Representing: Member	Shup State Zip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT I	NFORMATION 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 10 12 11	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	,
Do you wish to provide general	soublic comment, or to speak for or against a propo	osal on the agenda? ( ) For proposal (X) Against proposal ( ) General comments
Business or Organization Affiliat	ion: Central City Assoc	iation
	re Blud Suite 200 LA, c	
Business phone: 213-62	(-1213 Representing: membershi	
CHECK HERE IF YOU ARE	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.

Date 10/12/11	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 prop	
Name: C.J. Mins	er	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: CODEPINK	
Address: 2010 U	nden Ave Venice	CA 90025
Street  Business phone: 310	nden Ave Venice City S27 4320Representing: The 99%	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT IN	
Client Name:		Phone #:
Client Address: Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No	<b>5.</b>
wish to speak before the	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	oposal on the agenda? ( For proposal	.1
Name:	Ohn WALSH	( ) Against proposa ( ) General comme	
Business or Organization Affiliatio  Address:  Street	n: 2/8 PUCKA ST		
Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:	
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>

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

Date

12 OCT 11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.			3	3
I wish to speak before the		Y COVA			
	Name of City Agency, I	Department, Con	nmittee or Counc	ili	
Do you wish to provide general		ak for or against	a proposal on th	e agenda? (	For proposal
Name: MARK	LIPMAN			(	) Against proposal ) General comments
Rusiness or Organization Affiliat	ion: OCCUPY	L.A.			
Address: 200 N. Street	SPRING ST	L.A.	CA		
Street		City		State	Zip
Business phone:	Representing	:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIE	NT INFORMATI	ON BELOW	:
Client Name:				Pho	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 OCT 12-2011	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	posal on the agenda?	For proposal
Name: Name:	CY WHEELER		( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: TCHR 43 YRS		
Address: 3355 WILST	HIZE A	<u>Ck</u>	<u> </u>
	386242 Representing: MYSELF	State	ZIP
•	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELO	w:
Client Name:	N/A	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.

Date	THE CITY COUNCIL'S DECORUM WILL BE		Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Depar	tment, Committee or	Council	
Do you wish to provide general p	public comment, or to speak for	or against a proposa	I on the agenda?	For proposal     Against proposal     General comments
Business or Organization Affiliati	on: OCCUPY	LA		
Street  Business phone:	Cit	,	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFOF	RMATION BELOW	<b>':</b>
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	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
10:12:11	DECORUM WILL BE ENFORCED.	33
I wish to speak before the	Name of City Agency, Department, Comm	ittee or Council
Do you wish to provide general p	oublic comment, or to speak for or against a	proposal on the agenda? ( ) For proposal
Name: Caroffa	nces Likins	(C) Against proposal ( ) General comments
Business or Organization Affiliati	ion: Occupy LA	
Address: Street	S. Catalina#31A-	Councillist 10/200No Sprin
Business phone:	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.

Date	THE CITY COUN DECORUM WILL	CIL'S RULES OF BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, D	epartment, Committee or	Council	
Do you wish to provide general p	oublic comment, or to spea	ak for or against a propos	al on the agenda	( ) Against proposal
Business or Organization Affiliat	ion: LA Cham	ber of Com	m evel	General comments
Address: 350 Street	S. Birl	City	State	90017
Business phone: 580-1	SZ S Representing			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND	PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:Street		City	State	Zip
2301		,	0.0.0	-'P

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Date  Oct. 12,20//	THE CITY C DECORUM V	OUNCIL'S RULES C WILL BE ENFORCE	F 2 =	, Agenda Item, or Case No.
I wish to speak before the		cy, Department, Cor	nmittee or Council	
Do you wish to provide general		speak for or against	a proposal on the agenda	?()For proposal ()Against proposal
Name: Peter Thor	tan			( ) General comments
Business or Organization Affiliat	ion: Occu	pg LA		
Business or Organization Affiliat  Address: 2242 Loce Street	la Ace,	City	State	9029/ Zip
Business phone:				
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIE	NT INFORMATION 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 WRI	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, Commi	ttee or Council
Do you wish to provide general plane:  Name:   Organization Affiliat	oublic comment, or to speak for or against a possible (Su Unds Like ion:	TKE-LED ( ) Against proposal ( ) General comments
Address: DN File	City	C State Zip
Business phone:  CHECK HERE IF YOU ARE A	Representing: YVY YVY	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 10 12/1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Con	mmittee or Council	
Do you wish to provide general p	public comment, or to speak for or agains	t a proposal on the agenda?	
Name: RILAL	AL		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation	on: OCCUPATION	Lif,	
Address:	HALL 200	n- Splias	5 / Goves
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELOV	V:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip
Ciroci	Olly	Clate	

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Date 11/17/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee		
Do you wish to provide generally	oublic comment, or to speak for or against a propo	sal on the agenda?	For proposal
Name: Name: WG18			( ) General comments
Business or Organization Affiliati	ion:		
Address: 1370 MANN	oity Manua de	uly al	90257
Business phone: $(3/6)822$	Representing:	/ State	Ζιμ
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	<b>/</b> :
Client Name:		Pho	one #:
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   0   12   11	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	oublic comment, or to speak for or against a propo	
Name: Regina	movetza Ounor	( ) Against proposal ( ) General comments
. )		
Business or Organization Affiliat	ion: <u>Indiaenous Comm</u>	114the / Leale 41/10h
Address: Charles	all	<i>J</i>
Ctibot	City  Representing:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card f	or important information and submit this entire ca	rd to the presiding officer or chairperson.

Date 10/12/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Nam	e of City Agency, Department, Committee or	Council
Do you wish to provide general public of	comment, or to speak for or against a propos	al on the agenda? ( V For proposal
Name: Jared John	Peck	( ) Against proposal ( ) General comments
Business or Organization Affiliation:		
Address: 200 No 50	ring street city	Hall Lawn, LA, CA State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PAID	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 16-12- 4	THE CITY COUNCIL'S F		Council File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	ent, Committee or Co	ouncil	
	public comment, or to speak for or			
Name: KAM G	ARCIA		(	) Against proposal ) General comments
Business or Organization Affiliat	on:			
Address: Street	City	250 Spm	State CST	th Halo
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVID	E CLIENT INFORM	MATION BELOW:	
Client Name:			Pho	ne #:
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 IF LOS A	NGELES SPEAK	KER ARD	UBLIC COMMENT
Date 10/12/11		JNCIL'S RULES OF LL BE ENFORCED.	Council File Public Toposo	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency	Department, Committ	ee or Council	
Do you wish to provide general p				da? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliati		-A	C A	7,000
Address: $\frac{15}{80}$ Street  Business phone: $\frac{80384}{800}$		Venice	State	9029 Zip
Business phone: 210 384 CHECK HERE IF YOU ARE A	,		INFORMATION BE	LOW:
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 RULES OF	Council File No., Ag	genda Item, or Case No.
1 10/12/11	DECORUM WILL BE ENFORCED.	a company of	Z-,
	PLOVITOR WILL DE LIN OROLD.	assertant.	
I wish to speak before the	City Council		
	Name of City Agency, Department, Commit	tee or Council	
- /1 -	blic comment, or to speak for or against a p	-	) For proposal ) Against proposal
Name: Erika to.	1 or	(	) General comments
Business or Organization Affiliation	n: Occupy LA		
Address: On File Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Pho	ne #:
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	22	genda Item, or Case No.
I wish to speak before the	1 Jama   e of City Agency, Department, Comr	nittee or Council	
Do you wish to provide general public o	omment, or to speak for or against a	proposal on the agenda? (	For proposal
Name: MSC MM	Mer	(	Against proposal     General comments
Business or Organization Affiliation:	Occupy Las Are	geles	
Address: 20 N Spri	ng 87 LA	State	Zip
Business phone:	Representing:	State	ΖΙ <b>ρ</b>
CHECK HERE IF YOU ARE A PAID		T INFORMATION BELOW	:
Client Name:		Pho	ne #:
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 10.12.11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	tee or Council	
	oublic comment, or to speak for or against a pr	roposal on the agenda	? ( ) For proposal ( ) Against proposal
Vame: Fr. Mara	facito Martinez		( ) General comments
՝ Business or Organizatioր Affiliat	V I A MOICO		
Address: 7605 Westr	moreland LA	CA	90005
Business phone: 2135847	+ 04 Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	ow:
Client Name:			Phone #:
Client Address:	A.		
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES ( DECORUM WILL BE ENFORCE	7 Nococardo 12- Vina
I wish to speak before the	Council	and the same Occupation
	Name of City Agency, Department, Co	ommittee or Council
Do you wish to provide general p	public comment, or to speak for or agains	st a proposal on the agenda? (V) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: LA VOICE	
Address: 1009WQS	moreland LA	CA 9,0005
Business phone: 2338474	Representing: Coth Hor	n to Preserve Human Dignity
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	IENT INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 10-12-11	THE CITY COUNCIL'S RULES OF CORUM WILL BE ENFORCE	· ) <
I wish to speak before the	Name of City/Agency, Department, Co	ommittee or Council
Do you wish to provide general p	oublic comment, or to speak for or agains	st a proposal on the agenda? (📉 For proposal
Name: Stucer	Suimme	( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: None	
Address:	Silver Cake	Blud LACA 90026
Business phone:	City  Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	Cit.	Ctato 7ip
Street	City	State Zip

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

Date   0   12   1	THE CITY COUNCIL'S RULI DECORUM WILL BE ENFO	ES OF 2	le No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department,	Committee or Council	
Do you wish to provide general p	oublic comment, or to speak for or ag	ainst a proposal on the age	enda? ( ) For proposal
Name: James	oublic comment, or to speak for or aga		Against proposal     ( ) General comments
Business or Organization Affiliation	on:		
Address: 407 Fair	Oak Parader	State	91030
Business phone:	Representing:		Ζιμ
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE	CLIENT INFORMATION B	ELOW:
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 10 \\2\\\	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	ame of City Agency, Department, Committee	occupil A
	c comment, or to speak for or against a pro	oposal on the agenda? (X) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation:		
Address: P.O.Box	86562 LA, CA	90086
Business phone: Street	86562 LA, CA $698$ Representing:	State Zip
•	ID SPEAKER AND PROVIDE CLIENT I	
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

Date 10/12/12	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 of	or Council	
Do you wish to provide general	oublic comment, or to speak for or against a propo	sal on the agenda?	( For proposal
_			/ \ Against proposal
Business or Organization Affiliat	ion: Occupy LA		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	N:
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire car	d <u>to the pres</u> idina o	fficer or chairperson.

Date 10/12/11	THE CITY COUNCI		Council File N	o., Agenda Item, or Case No.
I wish to speak before the	City Cown Name of Oty Agency, Dep		ouncil	
Do you wish to provide general p		for or against a proposal of	on the agenda	For proposal  ( ) Against proposal  ( ) General comments
	•	LA		( ) deficial comments
Business or Organization Affiliation Address: Street	N Spring St	Los Angeles	State	Zip
Business phone:	Representing: _			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PF	ROVIDE CLIENT INFORM	NATION BEL	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 10 (7/1)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theName	e of City Agency, Department, Committee	ee or Council
Do you wish to provide general public co	omment, or to speak for or against a pr	
Name: KOBERTO	(SAREPGA)	( ) Against proposal ( ) General comments
Business or Organization Affiliation:	VEDC.	
Address: 1653	olione of the	Nuthile 5/343
Business phone: $8/907 - 957$		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT	NFORMATION 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 RULES OF DECORUM WILL BE ENFORCED.  Council File No., Age 32	anda Item, or Case No.
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: Benjamin Perzillo	) Against proposal ) General comments
Business or Organization Affiliation: EA/4	
Address: 350 5 Figure 10 a 5+ # 600 LA 90071	
Business phone: (215) 620-6920 Representing: EAA State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: 5ane as abre Phon	e #:
Client Address:	Zip

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1011217011	COUNCIL'S RULES OF M WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	gency, Department, Committee	or Council
Do you wish to provide general public comment, or	r to speak for or against a propo	osal on the agenda? ( For proposal
Name: Lisa Clapier		( ′ ) Against proposal ( ) General comments
m	/ R	• • • • • • • • • • • • • • • • • • • •
Address: 8581 Santa M	onica Blod	LA 90069
Business or Organization Affiliation: OCA  Address: 8581 Santa M  Street 541 - 1192 Representations	City esenting:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKE	R 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.

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda 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 prop	osal on the agenda? (	
Name:		(	) Against proposal ) General comments
Business or Organization Affiliat	ion:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW	:
Client Name:		Pho	ne #:
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>

10/12/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	
		/
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda? ( / ) For proposal ( ) Against proposal
Name: Octando Do	$\sim$	( ) Against proposal ( ) General comments
Business or Organization Affiliat	tion: Occupy Us	
Address:Street		
	•	State Zip
ousiness priorie.	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street		
Street	City	State Zip

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

Dato

Date 10 (12 (201)	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	tee or Council	
Do you wish to provide general p	public comment, or to speak for or against a p	roposal on the agenda? ( For proposal	
Name: Dalesy	Casasola	( ) Against proposal ( ) General comments	
Business or Organization Affiliat	ion: OCCUPY LA		
Address:Street			
Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
lient Address:Street	City	State Zip	

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

Date	THE CITY COUNCIL'S RULE	Council File N	lo., Agenda Item, or Case No.
10/12/11	DECORUM WILL BE ENFOR		234-51 (33)
I wish to speak before the	Name of City Agency, Department,	Committee or Council	
Do you wish to provide general pul	olic comment, or to speak for or aga	inst a proposal on the agend	
Name:	FRSENEAULT		( ) Against proposal (X) General comments
Business or Organization Affiliation	Notey Industry AN Nors BLVD. Suit	& Commerca As	SDC.
Address: <u>5121</u> V	AN Nors BLVD. Suit	203 LA, CA	
Business phone: Street	OS45 Representing:	State	Zip
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BEL	.ow:
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 / 0/12/13	THE CITY COUNCIL'S RULES C DECORUM WILL BE ENFORCE	5 5
I wish to speak before the	Name of City Agency, Department, Con	nmittee or Council
Do you wish to provide general p	oublic comment, or to speak for or against	a proposal on the agenda? ( For proposal
Name: CLAY	CCA IBORNE	a proposal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion:	
Address: // Street	15E AVE City	VENICE CA 90291 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW:
Client Name:	V = 14 (10 x = 14 (10 x = 10 x	Phone #:
Client Address:Street	City	State Zip

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10 / 12/U	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	∍ No.
I wish to speak before the	A CITY COUNCIL  Name of City gency, Department, Committee	or Council	
Do you wish to provide general	public comment, or to speak for or against a prop	( ) Against propo	
Business or Organization Affiliat	tion:		
Address:Street	City	State Zip	
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date 10-12-11	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	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public of Name:	omment, or to speak for or against a proposa	( <u>(</u> ) A	or proposal gainst proposal General comments
Business or Organization Affiliation:			
Address: <u>525 M. Syc</u>	SAMONE #409 LA CA	90036	
Business phone: 23 4% - 674	D Representing: MYSELF	State Zi	p
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELOW:	
Client Name:		Phone #	•
Client Address:Street	City	State Zi	p

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 N Ttem No.33	Ю.
I wish to speak before the	consequency, Department, Comm	nittee or Council	
Do you wish to provide general public co	omment, or to speak for or against a	proposal on the agenda? ( ) For proposal	
Name: Danny Manvigu	22	( ) Against propose  General comme	
Business or Organization Affiliation:	None		
Address: NOZ GARDENTA AN	ie #D Com Beach	CA: 108(3)	
		State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID		T 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 10.12.20 M	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, Comn		
Do you wish to provide general	public comment, or to speak for or against a	proposal on the agenda	? For proposal
Name: Maissa P	AUN		( ) Against proposal     ( ) General comments
Business or Organization Affiliat	ion: THE BROOKFURN	Co.	
All I	9 .	HOLLYWOOD	CA 91601
Business phone: 323, 8	39-01 Repliesenting: City	T State	ZIP
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip
	•		,

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Date /5/1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	enda 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 p	ublic comment, or to speak for or against a prop	oosal on the agenda? (*	
Name: EDWAR	50	( )	Against proposal ) General comments
Business or Organization Affiliation	on: NONE		
Address: 375 CA	NYON VISTA LA	State	980CS
Business phone: 323°360-	City  City  City  City	12 LA	Σ.ΙΡ
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phon	e #:
Client Address:Street	City	State	Zip
Street	Oity	State	۲ıh

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	CITY F LOS ANGELES S	SPEAKER ARD	Vote	Yes!
Date (2, 2011)	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	SOF KO	No., Agenda Item, or SOJUTION	Case No.
I wish to speak before the	Name of City Agency, Department,	Committee or Council		
Do you wish to provide general pu	blic comment, or to speak for or aga	inst a proposal on the ager	nda? ( ) For propo	
Name: Ruth S	amotf		( ) Against p ( ) General	oroposal comments
Business or Organization Affiliation	n:			
Address: 824. N	EVENUE 66 City	Li A , State	900 4 Zip	2
Business phone:	Representing:	UPVLH		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BE	ELOW:	The state of the s
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	

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1 )	IIY F LOS ANGELES SPEA	AKER ARD	ARN
Date / 52/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Gouncil File	No., Agenda Item, or Case No.
wish to speak before the	3+X (0)	nes)	37
	Name of City Agency, Department, Comm	ittee or Council '	
	olic comment, or to speak for or against a		da? ( ) For proposal
Name:	lichore) Hut	> man	( ) Against proposal     ( ) General comments
Business or Organization Affiliation:	:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE	LOW:
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   D   12   11	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	A HI COLLEGE		
I wish to speak before the	Name of City Agency, Department, C	ommittee or Council		
Do you wish to provide general	public comment, or to speak for or agair	nst a proposal on the agenda? ( ) For proposal		
Name: Amber P	barrero	( ) Against proposal ( ) General comments		
Business or Organization Affiliation: OXCUPY LOS ArgeleS				
Address:	on record			
Business phone:	1370 Representing: OCC	upy los Angeles		
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 10/12/1(	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 C  Name of City Agency, Department, Committee	or Council			
Do you wish to provide general	oublic comment, or to speak for or against a prop	osal on the agenda? 🏏 For proposal			
	IC WEYENBERG				
Business or Organization Affiliation: Occupy LAX					
Address:	TOLUCA LAK	State Zip			
	City  Representing:				
Dusiness priorie.	riepiesenting.				
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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10-12-11		OUNCIL'S RULES OF WILL BE ENFORCED.	#10	nda item, or Case No.
I wish to speak before the	Name of City Ager	C) loy, Department, Committe	ee or Council	
Do you wish to provide general p				
Name: Mike Mile	<u></u>		×	) Against proposal ) General comments
Business or Organization Affiliati	ion: LA CAN			W.
Address: Street		Holliwoof	State	90678
Business phone: (243) 184	Represe	nting: La Call		
CHECK HERE IF YOU ARE	PAID SPEAKER	AND PROVIDE CLIENT I	NFORMATION BELOW:	
Client Name:			Phone	e #:
Client Address:Street		City	State	Zip

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Date 0 12, 2011	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 proposa	al on the agenda?	
Name: Dan Cop	ion: Occupy LA		( ) Against proposal     ( ) General comments
Business or Organization Affiliat	ion: Occupy Lit		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip

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Date Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
I wish to speak before the Nam	e of City Agency, Department, Commit	tee or Council Support	nto
Do you wish to provide general public of	omment, or to speak for or against a p	roposal on the agenda? 🔎	For proposal
Name: A LA GOING	ere Imagbe	intracs {	Against proposal General comments
Business or Organization Affiliation:	100 Cay flere	- Law Con	<u> </u>
Address:	o last 12	90039	
Business phone:	Representing:	/ State /	Zip
		MEANS ATIAN PELAN	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone	e #:
Client Address:			
Street	City	State	Zip

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Date .

DNS

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

ARD

10 - 12-11 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.
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 Call SR () Against proposal General comments
Business or Organization Affiliation: PR Pari D REPORT STOCKS
Address: Pop Box 94971 RSucking Plag Street Zip
Business phone: 95/346387 Representing: Just (CO NO W)
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address: City State Zip

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Date 10 12 , 2011	THE CITY COUNCIL'S I		Council File No.,	Agenda Item, or Case No.		
I wish to speak before theNam	Angeles	C/ty	<u>Council</u>	101/		
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						
Business or Organization Affiliation: Address:	PUBLIC K	LA (ECORT)	State	Zip		
Business phone:	Representing:	<u> </u>				
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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Date	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR		Council File No	., Agenda Item, or Case No.			
I wish to speak before the	City Council	Committee or	Council				
	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							
Name: Fondist	Wallet			( ) General comments			
Business or Organization Affiliation: CCUM CA							
Address: Street	City	111	State	Zip			
Business phone:	•	( 0	Olaio				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			F	Phone #:			
Client Address:							
Street	City		State	Zip			

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