| Date 2 - / - 10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
|--|---|-------------------|--------------------------|
| I wish to speak before the | CITY COUNCIC | | |
| | Name of City Agency, Department, Commi | tice of Godinen | |
| Name: COTS A CAY DEFS (**) Against proposal (**) General comments | | | |
| Business or Organization Affiliat | ion: $3 \mathcal{E} \mathcal{L} \mathcal{O}$ | | |
| Address:Street | City | State | Zip |
| | Representing: | | • |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: | | P | hone #: |
| Client Address:Street | City | State | Zip |
| | for important information and submit this entir | | • |
| | NOTE: THIS IS A PUBLIC DOCU | JMENT. | |

| CITY OF LOS ANGELES SPEAKER CARD |
|---|
| Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. OP - 0600 - 5159 |
| I wish to speak before the Dunity State Committee |
| 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: Keith Rohman () Against proposal () General comments |
| Business or Organization Affiliation: President, Human Relation Commission |
| Address: 1855 Wilhire 1A (A 9)01) |
| Business phone: Representing: Hama Relation Communication |
| 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. |

| 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 | LA City Council Bud Name of City Agency, Department, Comm | get & Finance Cout | | |
| Do you wish to provide general p | public comment, or to speak for or against a | | | |
| Name: Martha Swiller () Against proposal () General comments | | | | |
| Business or Organization Affiliation: Chair, Commission on Children Youth & Families | | | | |
| Address: 10370 Glenbarr Avenue Los Angeles A 90004 Street City State Zip | | | | |
| | City Representing: 50 F | State Zip | | |
| 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. | | | | |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | | |

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Date 211/2010

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

Council File No., Agenda Item, or Case No. 9-06005159

| I wish to speak before the | Budget + | Finance C | ommillee | ノ |
|--|-------------------------|---------------------------|------------------------|--|
| | Name of City Agency, [| Department, Committee | or Council | |
| Do you wish to provide general pu | blic comment, or to spe | ak for or against a propo | osal on the agenda' | |
| Name: Francile R | usen WK | on, Presi | dent | () Against proposal () General comments |
| Business or Organization Affiliatio | n: Commissi | on the s | Status of | Women |
| Business or Organization Affiliatio Workl Address: 1262 C Street | o mona | LosAngeles | CA | 90019 Zip |
| Street Business phone: 713740 | 2426 Representing | city O | State Services | Department |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | | P | Phone #: |
| Client Address: | | | | |
| Street | 1170 | City | State | Zip |
| Please see reverse of card for | important information a | and submit this entire ca | rd to the presiding of | officer or chairperson. |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | | |

| Date 2/1/2010 | THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO | | Council File No | o., Agenda Item, or Case No. ACBUSSITICA |
|---|--|---------------------|-----------------|---|
| I wish to speak before the | Name of City Agency, Department | 4 = | 60000 | 4Hee |
| | public comment, or to speak for or ac | | | () Against proposal |
| Name: Sow Shipe () General comments Business or Organization Affiliation: Ships Harmonia () General comments | | | | |
| Address: Street City State City State Zip Business phone: 818-704-848 Representing: Self | | | | |
| 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 to | 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., Agend | a Item, or Case No. | |
|---|---|-------------------------|--------------------------------------|--|
| I wish to speak before the | Name of City Agency, Department, Committee or C | | | |
| Do you wish to provide general p | public comment, or to speak for or against a proposa | | | |
| Name: Do take | A Wahes | | Against proposal General comments | |
| Business or Organization Affiliat | ion: Oreater Los Angelez | Laency | au Deathe | |
| Address: 222 aubria Ave Los Angolas CA 90041 Street Street | | | | |
| Business phone: 3)3478 80 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. | | | | |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | | |

| Date 01 FBB 10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | | |
|---|---|--|--|--|
| I wish to speak before the | | 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 () General comments | | | | |
| Business or Organization Affiliation: | | | | |
| Address:Street Business phone: | Representing: Stakeling | TRA LACA 1803 7 Fiste Zip Flowers | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | Phone #: | | |
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|----------------------------|--|--------------------|--|
| Date 1, 2010 | THE CITY COUNCIL'S RULES O | | ngenda Item, or Case No. |
| I wish to speak before the | Budged J Farance j Name of City Agency, Department, Con | nmittee or Council | |
| | I public comment, or to speak for or against Cherryo ation: CHY Four Gwt | | For proposal Against proposal General comments |
| | City Representing: | | Zip |
| | A PAID SPEAKER AND PROVIDE CLIE | | 1 1 |
| 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.

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| Date 2/1/10 | THE CITY COUNCIL DECORUM WILL BE | | | o., Agenda Item, or Case No. Ayenda |
|-----------------------------------|---|---|---|---|
| I wish to speak before the | Budget & Finar Name of City Agency, Depart | nce <u>Commi</u> artment, Committee or | Hee r Council | · |
| Do you wish to provide general p | oublic comment, or to speak f | or or against a propos | al on the agenda | a? () For proposal () Against proposal |
| Name: Alan | Peshek | | THE | General comments |
| Business or Organization Affiliat | ion: City Emplo | yee SEIU | 1 Local 76 | 11 |
| Address: | • | | | |
| Street | | City | State | Zip |
| Business phone: 213 473 - 80 | າລໄ Representing: | City Emple | yces | |
| CHECK HERE IF YOU ARE | | • | • | ow: |
| Client Name: | | | [| Phone #: |
| Client Address: | | Dity | State | Zip |

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

Date 2/1/10

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

Council File No., Agenda Item, or Case No. 09-0000-315-9

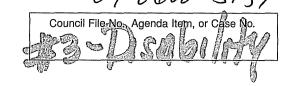
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|---|--|-------------|------------------------|
| I wish to speak before the Budge | * & Finance Committee: City Agency, Department, Committee or Counc | | |
| Name ⁰ of | City Agency, Department, Committee or Counc | oil | |
| · · · · · · · · · · · · · · · · · · · | nent, or to speak for or against a proposal on th | _ | / Against proposal |
| Name: Angela Arunarsir | akul | | () General comments |
| Business or Organization Affiliation: | + Angeles Youth Council | <u>Q</u> | |
| Address: 200 N Spring | Angeles Yorth Council St Los Angeles | CA | 90012 |
| | | State · | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A PAID SP | EAKER AND PROVIDE CLIENT INFORMATI | ON BELO | w: |
| Client Name: | | PI | hone #: |
| Client Address: | | | |
| Street | City | State | Zip |
| Please see reverse of card for importar | nt information and submit this entire card to the | presiding o | fficer or chairperson. |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | |

| Date 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. DISABILITY TUCK TO LIGHT AT 2115 | | |
|---|--|--|--|--|
| I wish to speak before the | RUBGET & FINANCE Name of City Agency, Department, Committee or | DISABILITY THEREPY FOR DISABLE COUNCIL | | |
| Do you wish to provide general | public comment, or to speak for or against a proposa | The state of the s | | |
| Name: BERNITA WALKER () Against proposal () General comments | | | | |
| Business or Organization Affiliation: PROJECT: PEACENDARORS INC | | | | |
| Address: 197 W 43 Place Los Augeles CA GOS 7 Street Street | | | | |
| Street City State Zip Business phone: 33365-7742 Representing: SCLF | | | | |
| 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. | | | | |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | | |

CITY OF LOS ANGELES SPEAKER CARD 09-0600-5159

Date 2/01/10

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



| I wish to speak before the | UTG COUNCIV | | |
|---|--|-----------------|--|
| Name | e of City Agency, Department, Committe | e or Council | |
| | omment, or to speak for or against a pro | | () For proposal ✓ Against proposal () General comments |
| | AN AVE. LONG BEACH, | CA 908 | BID |
| Street | City | State | Zip |
| Business phone: | Representing: M 5 WHEEL | CHAIR CALIFORIA | PAGEANT INC. |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: | | Pho | one #: |
| 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. | | | |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | |
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| Date 01-2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
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| . Na | me of City Agency, Department, Committee of | Council | |
| Do you wish to provide general public | comment, or to speak for or against a proposa | ıl on the agenda? | |
| Name: Sarah | amsawack | | (Against proposal () General comments |
| Business or Organization Affiliation: | VH-NE-Neighborhood | ounce | |
| Address: 12240 Mil | Idale Ct. NH. CA | 9 | 1605 |
| Business phone: S-765-26 | Representing Board ANC | State | Zip |
| | D SPEAKER AND PROVIDE CLIENT INFO | RMATION BELO | w: |
| Client Name: | | Pl | hone #: |
| Client Address: | | | |
| Street | City | State | Zip |
| Please see reverse of card for imp | portant information and submit this entire card | to the presiding o | fficer or chairperson. |

01Feb2010

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

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

Dept. on Disability

| I wish to speak before the Bud/ | Net & Finance | Commit | tee |
|---|------------------------------|---------------|-----------------------------------|
| Name of City | Agency, Department, Committe | ee or Council | |
| Do you wish to provide general public comment, | | | |
| Name: <u>Elizardo</u> De | el Rio-Abuc | leye | Against proposal General comments |
| Business or Organization Affiliation: <u>Braill</u> | e Institute 0 | f Anah | rim Ca, |
| Address: UA25 50. Bevery | | | 90247 |
| Business phone: 310.450.4452 Rep | oresenting: The Blu | Commi | mi fu |
| CHECK HERE IF YOU ARE A PAID SPEAK | | | |
| 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 9-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. Special Then 1 Forward Commen |
|--------------------------------------|---|---|
| I wish to speak before the | Name of City Agency, Department, Committee or | r Council |
| Do you wish to provide general p | public comment, or to speak for or against a propos | |
| Name: Salm Ove | er tow | (X) Against proposal (X) General comments |
| Business or Organization Affiliation | on: President LA City Com | MISSIM ON PISAbilil |
| Address: 6602 Ori | IN the Van Nuys | CA 91406 |
| | 1-3768 Representing: 5 = 14 | Státe' Zip |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT INFO | DRMATION 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 DIFGBIO | THE CITY COUNCIL DECORUM WILL BE | | Council File No., | Agenda Item, or Case No. |
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| I wish to speak before the | Barran Name of City Agency, Depa | artment, Committee or C | Council | / |
| Do you wish to provide general p Name: <u>En Mann</u> Nov | ublic comment, or to speak f | | | () For proposal() Against proposal(★) General comments |
| Business or Organization Affiliation | • | NGA NC | | |
| Address: <u>7586</u> | McGROART | LA | CA | 91042 |
| Business phone: | ~ | | State | Zip *0 |
| CHECK HERE IF YOU ARE A | | | MATION BELO | w: |
| Client Name: | | | PI | none #: |
| Client Address: | | City | State | Zip |
| Please see reverse of card for | | • | | • |

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

| Çeuncil File No., Agenda Item, or Case No. | |
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| VICE ON) | |

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| I wish to speak before the | | | |
| Name of City Agency, [| Department, Committee or Cou | ncil | |
| Do you wish to provide general public comment, or to spe | eak for or against a proposal on | the agenda? | () For proposal () Against proposal () General comments |
| Business or Organization Affiliation: | - Kelabillal O | 7 | |
| Address: DA WENDWING DA | www. Blyward | A | 90065 |
| Business phone Business phone Representing | J: | State | <u>₹-ib</u> , |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND | PROVIDE CLIENT INFORMA | TION BELOV | v: |
| Client Name: | | Ph | one #: |
| Client Address: | | | |
| Street | City | State | Zip |
| Please see reverse of card for important information a | | e presiding of | ficer or chairperson. |
| Street | City and submit this entire card to the | State ne presiding of | Zip ficer or chairperson. |

| • | JIT OF LOS AN | GELES SPEA | INEN CA | עחו | 515 | 7 |
|--|---------------------------|-----------------------|--------------|-------------|------------------------|--------------|
| Date | THE CITY COUN | ICIL'S RULES OF | 1 . | _ | , Agenda Item, or Case | No. |
| 2-1-2010 | DECORUM WILL | BE ENFORCED. | (| 09-060 | 20-2-12-1 | |
| I wish to speak before the | rdgef & Financ | e Commoke | e | S | per | |
| | Name of City Agency, D | Department, Commi | ttee or Cou | ncil | / | |
| Do you wish to provide general pu | ublic comment, or to spe | ak for or against a p | oroposal on | the agenda | A &\ A goingt propos | sal ients |
| Name: Vertous Troops | | | . 1 / | , | - () Gonoral comm | Citto |
| Name: Wendy Moore Business or Organization Affiliation | in: Porter Ran | ich NC 3 | Stakel | wder | | |
| Address: 19213 Dun Street | ure Place | Porter F | Zanch | CA- | 91326 | |
| Business phone: | Representing | : | | State | Zip | |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND | PROVIDE CLIENT | INFORMA | TION BELO | ow: | |
| Client Name: | | | | F | Phone #: | |
| Client Address:Street | | | | | | |
| Street | | City | | State | Zip | |
| Please see reverse of card fo | r important information a | nd submit this entire | e card to th | e presiding | officer or chairperso | n. |
| | NOTE: THIS IS | A PUBLIC DOCU | JMENT. | | | |

CITY OF LOS ANGELES SPEAKER CARD SPECIAL #1

Date FBB 1, 2010

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

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

Public Comment

| I wish to speak before the | | | | | |
|--|-----------------------------|------------------------|-------------|-----------|---|
| | Name of City Agency, D | epartment, Committ | ee or Coun | cil | |
| Do you wish to provide general Name: France | | ak for or against a pr | • | _ | a? () For proposal () Against proposal () General comments |
| Business or Organization Affilia | tion: | | | | |
| Address: 2038 U | ORIGINAL ST. | LA. CA. | 900 | 3/_ | |
| | | - | | | · |
| Business phone: | Representing: | | | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND | PROVIDE CLIENT | INFORMAT | ION BEL | ow: |
| Client Name: | | | | | Phone #: |
| Client Address:Street | | | | | |
| Street | | City | | State | Zip |
| Please see reverse of card | for important information a | nd submit this entire | card to the | presiding | officer or chairperson. |
| | NOTE: THIS IS | A PUBLIC DOCUI | MENT. | | |

| CITY | OF LOS ANGELES SPEAKER | CARD | 5/59 |
|--|---|----------------------------|--|
| Feb. 1, 2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., OP - 060 | Agenda Item, or Case No. O - SHST |
| I wish to speak before the bodg | e of City Agency, Department, Committee on | muitis | Spec |
| | omment, or to speak for or against a propos | | () For proposal Against proposal () General comments |
| Business or Organization Affiliation: | COUNTRANT HOUS SMAN | No | |
| Address: No. Street | Representing: | es cat | azen |
| Business phone: (SB) 324-6253 | Representing: | | |
| | SPEAKER AND PROVIDE CLIENT INFO | | |
| Client Name: | | PI | none #: |
| Client Address: | | | |
| Street | City | State | Zip |
| Please see reverse of card for impo | ortant information and submit this entire card | to the presiding o | fficer or chairperson. |

CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 2-1-2010 DECORUM WILL BE ENFORCED. I wish to speak before the Budge of Finance Comp 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: Representing: 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.

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NOTE: THIS IS A PUBLIC DOCUMENT.

Client Address:

| Date 2-/- 10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. | | |
|---|--|-------------------|---|--|--|
| I wish to speak before the | Budget & Fine Commi Name of City Agency, Department, Committee or | | | | |
| Do you wish to provide general : | oublic comment, or to speak for or against a proposa | I on the agenda? | P () For proposal | | |
| Name: ROBERT | Juelova ion: Eagle Rock N.C. | | (X) Against proposal () General comments | | |
| Business or Organization Affiliat | ion: Eagle Rock N.C. | | | | |
| Address:Street | City | State | 71 | | |
| | Representing: | | Zip | | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INFOF | RMATION BELO | w: | | |
| Client Name: | | P | hone #: | | |
| Client Address:Street | City | Chata | 7: | | |
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| , | CITY OF LOS ANGELES SPE | EAKER CAR | D | Alex |
| Date 2/1/10 | THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCEI | F | ncil File No., Agend | da Item, or Case No. |
| / I wish to speak before the | BUDGET+F | - NANCE | = Com | MITTEE |
| • | Name of City Agency, Department, Com | ımittee or Council | | |
| Do you wish to provide general Name: STEPH# Business or Organization Affilia | public comment, or to speak for or against ENC $IWNNAC$ tion: $BEI-AIR$ EEO . | a proposal on the | agenda? () () () () | For proposal Against proposal General comments |
| Addrace. | | | | |
| Business phone: (3/0) 47 | 7-6091 Representing: BA | BCNC S | tate RM | , Zip |
| | A PAID SPEAKER AND PROVIDE CLIE | , | l l | |
| Client Name: | | | Phone | #: |
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| Street | City | S | State | Zip |
| Please see reverse of card | for important information and submit this e | ntire card to the p | residing officer | or chairperson. |

| | | CG-1 | 1600-5159 |
|-----------------------------------|---|---------------------|--|
| | CITY OF LOS ANGELES SPEA | KER CARD | CALL |
| Date 7-1, 10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., A | gendaltem, or Case No. |
| I wish to speak before the | James ! | | 1 |
| | Name of City Agency, Department, Commi | ttee or Council | |
| Name: Diake R | public comment, or to speak for or against a p | (| For proposal Against proposal General comments |
| Business or Organization Affiliat | tion: Eucino M. Chair Pl | 4 | |
| Address:Street | J. L. CHY | State | Zip |
| Business phone: | Bepresenting: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT | INFORMATION BELOW | : |
| Client Name: | | Pho | ne #: |
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<u>Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.</u>

NOTE: THIS IS A PUBLIC DOCUMENT.

City

State

Zip

Client Address: _

Street

| | / | 09-0600-5159 |
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| | CITY OF LOS ANGELES SPEAK | ER CARD |
| Date 1 FEB10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File Ng., Agenda Item, or Case No. |
| I wish to speak before the | Name of City Agency, Department, Committe | ee or Council |
| | public comment, or to speak for or against a pro | oposal on the agenda? () For proposal Against proposal |
| Business or Organization Affilia | ation: ENCUS NEIGHBANG | cas Conscil - Boars Marker |
| Address:Street | Till Silv | State Zip |
| Business phone: | Bepresenting: | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT II | 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. |
| | NOTE: THIS IS A PUBLIC DOCUM | IENT. |

| Date (Feb) 2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No. | , Agenda Item or Case No. | | | |
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| I wish to speak before the | ity Councel | N | | | | |
| 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 () General comments | | | | | | |
| Business or Organization Affiliation: | | 0.4 | 01/07 | | | |
| Address: LUAJU (VCX) Street Business phone: 618237773 | TPARKS Tolvalake Representing: | State | 7160 — Zip | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | | |
| Client Name: | | F | Phone #: | | | |
| Client Address:Street | Oth. | Chala | | | | |
| | City rtant information and submit this entire card t NOTE: THIS IS A PUBLIC DOCUMENT. | | ^{Zip} officer or chairperson. | | | |

| Date Feb 110 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File N | o., Agenda Iterin, or Case No. |
|-----------------------------------|--|-----------------|---|
| wish to speak before the | Budget & Finan | re | |
| | Name of City Agendy, Department, Committee or | Council | |
| Do you wish to provide general | oublic comment, or to speak for or against a proposa | I on the agenda | |
| Name: | therine MACKennan | | () Against proposal () General comments |
| Business or Organization Affiliat | ion: | | |
| Address:Street | 5738 fair Ave Apt 6 | DOHO State | Clab V |
| 1 | Representing: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFOR | RMATION BEL | ow: |
| Client Name: | | | Phone #: |
| Client Address:Street | City | State | Zip |
| | or important information and submit this entire card t | | • |

|)/201D | THE CITY COUNCIL'S RI DECORUM WILL BE ENI | ULES OF H | Specia | da Item, or Case No. |
|----------------------------------|--|---------------------------|---------------|--------------------------------------|
| I wish to speak before the | Name of City Agency, Departme | Committee or Counci | je | |
| Do you wish to provide general | public comment, or to speak for or | against a proposal on the | e agenda? () | For proposal |
| Name: | A BACA | 9 A | () | Against proposal General comments |
| Business or Organization Affilia | tion: Grester Echo Pa | RK Flysian 1 | Jeich bor | hood Comel |
| Address: | x 2639/ City | A 908 | 26 | |
| Business phone: 322 (16) | Representing: | | State | Zip |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVID | E CLIENT INFORMATION | ON BELOW: | |
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| Client Address:Street | City | 9 | 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.

CITY OF LOS ANGELES SPEAKER CARD Date 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 Name: Fredrick Milton Business or Organization Affiliation: C.A.L./, F Address: 306 5 Long Dr. L.A. City State Business phone: Representing: ____ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: ___ State Zip 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.

| | CITY OF LOS ANGELES SPE | EAKER CARD | 40#1 |
|-----------------------------------|--|---------------------------|--|
| Date | THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCEI | | Agenda Item, or Case No. |
| I wish to speak before the | Human Relations Co | | |
| | Name of City Agency, Department, Com | imittee or Council | |
| Do you wish to provide general p | public comment, or to speak for or against | a proposal on the agenda? | |
| Name: Latrice | JOHNSON | | () Against proposal () General comments |
| Business or Organization Affiliat | Johnson Gender Justice 1 | DS Angeles | |
| Address: 4950 LOW | vel Canyon Blva #211 | Valley Village | CA 91LOZ |
| | 7 City 790 Representing: | State / | Zip |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIE | NT INFORMATION BELO | N: |
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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.

| Date AIII | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., A | Agenda Item, or Case Ng. | | | |
|---|---|---------------------|--------------------------|--|--|--|
| I wish to speak before the | Budget Omn | 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 Name: ARM WOLAN () General comments Business or Organization Affiliation: Law Affiliation: | | | | | | |
| Address: Central Street | Km 250 5 | State | Zip | | | |
| Business phone: Representing: 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 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Age | nda Item, of Case No. |
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| 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 propose | al on the agenda?(((((|) For proposal) Against proposal) General comments |
| Business or Organization Affiliati | on: Nexhood Course | | |
| Address: 1917 Jalm | us to N LA | CA State | 90027 |
| Business phone: | Representing: Coream Cr.F. | | NC |
| | | RMATION BELOW: | |

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City

Phone #:

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Client Name:

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| Date \ \ \(\sqrt{\sqrt{0}}\) | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No | o., Agenda Item, or Case No. |
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| I wish to speak before the | ude of City Agency, Department, Committee or | り Council | · · · · · · · · · · · · · · · · · · · |
| | ic comment, or to speak for or against a proposa | | a? (For proposal) Against proposal () General comments |
| Address: Street | | | |
| Business phone: | City Representing: | State | Zip |
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Date 2/1/10

THE CITY COUNCIL'S RULES OF **DECORUM WILL BE ENFORCED.** Council File No., Agenda Item, or Case No.

CAO (**LOWNER MONS)

| I wish to speak before the | BUDGE | = = FIN | JANCE | Comm ME | |
|--|---|----------------|--------------------|-------------------------|----------------------------|
| · | | | epartment, Comm | | |
| Do you wish to provide ge | | • | _ | | () Against proposal |
| Name: <u>CYNTH/A</u> | , | | 1 | | General comments |
| Business or Organization | Affiliation: TH | s Hear | F PROJ | ECT | |
| Address: 1047 Street | w. 24n | SH | LA | CA | 90007 |
| Street Business phone: 213 - 2 | 744-1404 | Representing: | City | State | Zip |
| CHECK HERE IF YOU | | | | Γ INFORMATION BE | LOW: |
| Client Name: | *************************************** | | W.W.W.W. | | Phone #: |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.

AD (2econnes al nombre)

| I wish to speak before the Dudget 3 Finance 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 a | |
| Name: Danielle Brazell | () Against proposal General comments |
| Business or Organization Affiliation: 4++5 For LA | • |
| Address: 515 8. FIGUETON SULTE 2050 LA CA | 150071 |
| Address: 515 8. F14v=ros Sulte 2050 LA CA Street City State Business phone: 213-725-7588 Representing: 4-+5 \$ Cultures | R Business |
| | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION | BELOW: |
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| CITY OF LOS ANGELES SPEAK | KER CARD S/59 |
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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
| I wish to speak before the <u>Judget & Fillom (1)</u> | , , |
| Name of City Agency, Department, Commit Do you wish to provide general public comment, or to speak for or against a p | roposal on the agenda? () For proposal |
| Name: Lucks Commission. Discipage of Organization Affiliation: # Discipage of Organization Affiliation. | () Against proposal () General comments |
| Address: 30 Wave Crest James Street | 01 9/29/ |
| Business phone: 310 505-9220 Representing: Mysself | State /Zip |
| 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 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Special Mtg | a Item, or Case No. |
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| I wish to speak before the | Badget & Finance Name of City Agency, Department, Committee or | Council | -/189 |
| Do you wish to provide general | public comment, or to speak for or against a proposa | | |
| Name: LININA LL | udas . | | Against proposal General comments |
| Business or Organization Affiliation: BUC, UP Vana DC | | | |
| Address: Street | | (A) 903 | 29/ |
| Business phone: Street City State Zip | | | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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| I wish to speak before the | City Coun | eil | | |
| | Name of City Age | ency, Department, Commit | tee or Council | |
| Do you wish to provide genera | al public comment, or t | to speak for or against a p | proposal on the agenda | |
| Name: Michelle L | Neger | | | (L) Against proposal () General comments |
| Name: Michelle U Business or Organization Affilia Address: 355 Street | ation: <u>Los Ang</u> | eles Chamber | Orchestra | |
| Address: 355 | 5. Grand #10 | 630 LA CH | 4 90071 | |
| Street | | City | State | Zip |
| Business phone: 213 621 | 700 / Represe | enting: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER | AND PROVIDE CLIENT | INFORMATION BELO | OW: |
| Client Name: | | ************************************** | | Phone #: |
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| Date 2 - 1 - 10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
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| I wish to speak before the | Name of City Agency, Department, Committee or | Council |
| | public comment, or to speak for or against a proposa | |
| Name: SUZANNE | 2 Victrich | () Against proposal () General comments |
| Business or Organization Affilia | tion: West HOLLYWOOD DISA | 1 BILities Advisory Boar |
| Address: 7214 Foo | INTAIN AUR. # 202 West 1 | 46/14wood, CA. 90046 |
| Street Business phone: | Representing: 10 RSONS 1 NOT | State Zip Zip VG With a disability |
| | A PAID SPEAKER AND PROVIDE CLIENT INFOR | |
| Client Name: | | Phone #: |
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| Date 2 -1 -10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or, Case No. |
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| I wish to speak before the | Name of Oity Agency, Department, Committee o | or Council |
| 1 | public comment, or to speak for or against a propo | |
| Name: MicHaeL | Arrigo | Against proposal () General comments |
| Business or Organization Affiliat | tion: Member West Hollywoo | d's DisaBIZITAS ADVISORG BOOK |
| Address: <u>45 16 Fou</u> | INTAIN Ave. West Holly | WOOD, CA. 90046 |
| Street Business phone: | CNTAIN Ave. West Holly Sity Representing: <u>FERSONS LIC</u> | VING with a disabitito |
| | A PAID SPEAKER AND PROVIDE CLIENT INFO | / |
| Client Name: | | Phone #: |
| Client Address:Street | City | State Zip |

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| Teb 1 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
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| I wish to speak before the | Name of City Agency, Department, Committee or | Council | |
| De veu wich te provide general | | | () For proposal |
| Name: LEON F. MA | public comment, or to speak for or against a propose | ai on the agenda? | () Against proposal () General comments |
| Business or Organization Affiliat | ion: Granada Hills North Ne | zigl bothood | Cornel |
| Address: 16303 Mil | wood Dr. Granada Hills | CA | 91344 |
| Business phone: (8/8)83/- | ion: Granada Hills North Newood Dr. Granada Hills City OS 78 Representing: | State | Zip *** |
| | A PAID SPEAKER AND PROVIDE CLIENT INFO | | |
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Date 2: 12010

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

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

| I wish to speak before the CHY 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 | |
| Name: Gregory Thomas | Against proposal General comments | |
| Business or Organization Affiliation: | | |
| Address: BARAN RELONDO BIVO AN G | DV 6 | |
| Business phone: Street State City State State | Zip | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW | : | |
| Client Name: Pho | one #: | |
| Client Address: | | |
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| NOTE: THIS IS A PUBLIC DOCUMENT. | | |

Date 2-1-2-00

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

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

| I wish to speak before the City Council Budget & Finance Committee or Council Name of City Agency, Department, Committee or Council | tee | | |
|--|--|--|--|
| 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? Name: Odvduna Bubu - Olatunji | () For proposal () Against proposal () General comments | | |
| Business or Organization Affiliation: Pan African Film Festival | | | |
| Address: 1920 La tisera blud Los Angeles CA Street State | 90056 | | |
| Business phone: (313) 337-4737 Representing: Pan African film festi | val | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: Ph | none #: | | |
| Client Address: Street City State | | | |
| 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. | |
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| I wish to speak before the | Name of City Agency, Department, Committee or | 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 proposa | I on the agenda? () For proposal | |
| Name: GINGSTRDA | law | () Against proposal () General comments | |
| Business or Organization Affiliati | ion: | | |
| Address:Street | | | |
| Business phone: | Representing: <u>TWATER</u> V _V (| NAGE N/C | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

| I wish to speak before the | OUNCIL | | |
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| Name o | of City Agency, Department, Committee | or Council | |
| Do you wish to provide general public com | nment, or to speak for or against a prop | osal on the agenda | a? () For proposal () Against proposal |
| Name: TERRY ELLEN Business or Organization Affiliation: | ROBINSON | | () General comments |
| Business or Organization Affiliation: | PALMS NETGHBORHOOD | Cource, | BOARD MEMBER |
| Address: 3662 Mipvau | | • | |
| Business phone: <u>310,202,6730</u> | Representing: PALMS NET | IGHBOR COULK | ΣΙΡ ΣΙ (|
| CHECK HERE IF YOU ARE A PAID S | PEAKER AND PROVIDE CLIENT INF | FORMATION BEL | ow: |
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| Date 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., $Q_0 = Q_0 = Q_0$ | Agenda Item, or Case No. | | | |
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| I wish to speak before the | I wish to speak before the Budget & France Countitee | | | | | |
| | Name of City Agency, Department, Committee o | | | | | |
| Do you wish to provide general p | public comment, or to speak for or against a propos | sal on the agenda? | () For proposal | | | |
| Name: Welany de la Cruz ON PEHALF OF Klana Firestone () Against proposal () General comments | | | | | | |
| Business or Organization Affiliati | ion: | | | | | |
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| | Representing: | State | ΖΙΡ | | | |
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PEBI, 2010

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

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

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| I wish to speak before the BUDGET & FINANCE COMMITTEE & COVACIONAL 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: SARA VELAS -DIRECTOR ARTST () Against proposal () General comments |
| Business or Organization Affiliation: VELASLAVASAY PANORAMA |
| Address: 1122 W, 2497 ST, LA CA 90007 |
| Address: 172 Z W, 2477 ST, LA CA 9000 7 Business phone: 213-746-2166 Representing: SELF |
| 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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| Date 2 1 2010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., SPECIAL | , Agenda Item, or Case No. |
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| I wish to speak before the City 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? | |
| Name: MARIA BODMANN | () General comments |
| Business or Organization Affiliation: THOIVIDUAL ARTIST | |
| Address: 1420 BLACKHAWK ST. MISSION HILLS CA | 91345 |
| Business phone: 818/837-9485 Representing: Myself and Anyone I | NIERSTED (NTHE A |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELO | w: |
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| Date | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item-er Case No. | | |
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| I wish to speak before the | Name of City Agency, Department, Committee o | r Council | | |
| D | | | | |
| ^ | public comment, or to speak for or against a propos | al on the agenda? () For proposal () Against proposal | | |
| Name: Arian \$ | ractne | | | |
| Business or Organization Affiliat | | | | |
| Address: UUN | Call THY Santonic City Representing: Self | irc | | |
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| Date | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Age | enda Item, or Case No. | | |
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| I wish to speak before the | udget & France Co | runithe | <u>0</u>) | | |
| | Name of City Agency, Department, Committee or | Council | | | |
| Do you wish to provide general | public comment, or to speak for or against a proposa | I on the agenda? (|) For proposal | | |
| Name: XLARA FIRESTONE, WA () Against proposal General comments | | | | | |
| Business or Organization Affiliat | Business or Organization Affiliation: Mansgerder lask free & HRC | | | | |
| Address: 470 S. BEXEORD, DR. \$100, BEVERLY Hive, CA 90212 | | | | | |
| Business phone 310 - 413- | Business phone 310-413-0476 Representing: Wy CELL State Zip | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
| Client Name: | | Phon | e #: | | |
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

| Date Feb 1 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No Agenda Item, or Case No. | | |
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| I wish to speak before the | Name of City Agency, Department, Committee or | Council | | |
| Do you wish to provide general posterior Name: Business or Organization Affiliat | public comment, or to speak for or against a propose | () Against proposal General comments | | |
| Address: 17345 TE | Phnyson Place Granada to | 1, 1/3 A 9/344 Zip | | |
| Business phone: | Representing: | 3 | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
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| 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 Feb. | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
|---|---|-------------------|--------------------------|
| I wish to speak before the | 30 daet + Finance Name of City Agency Department Committee of | r 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 Name: 500 De Vandry () General comments Business or Organization Affiliation: 4 Vanada Hills North | | | |
| | erling St. Lovarade Hills | CA 9/2 State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
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| Sudel | Oity | State | 4.Ih |
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| Date 2/17/10 | THE CITY COUNCIL'S DECORUM WILL BE | | Council File No., A | genda Item, or Case No. |
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| I wish to speak before the | Name of City Agency, Depar | , CMMHLL rtment, Committee or C | Council | |
| Do you wish to provide general p | | r or against a proposal | on the agenda? | For proposal Against proposal General comments |
| Address: <u>13710</u> Manual Street Business phone: (311)822 | on: 1226 | Manino-del y | Cs.L., State | 9025 L Zip |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PRO | | MATION BELOW | / : |
| Client Name: Client Address:Street | Cit | · ty | State | one #: |
| Please see reverse of card f | or important information and s | ubmit this entire card to | n the presiding off | icer or chairnerson |

| Date 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. Special Ttem 1 | |
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| I wish to speak before the | Budget & Finance Communities or Name of City Agency, Department, Committee or | Council | |
| Do you wish to provide general p | oublic comment, or to speak for or against a proposa | | |
| Name: Yazwin ' | n. Matras | () Against proposal () General comments | |
| | | | |
| | ion: Los Angeles Wernens | | |
| Address: UMp Street | on St. North Hollywood | CA 9160) State Zip | |
| Business phone: 818 752 | | , | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFO | RMATION BELOW: | |
| Client Name: | | Phone #: | |
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| Street | City | State Zip | |
| Please see reverse of card f | or important information and submit this entire card | to the presiding officer or chairperson. | |
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| Date | | Council Eile N | la Aganda Itam ar Casa Na | |
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| | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File iv | lo., Agenda Item, or Case No. | |
| 2-17/0 | | Spend | elen i | |
| I wish to speak before the | City Com, 1 | Combining | Departnerts | |
| | Name of City Agency, Department, Committee or | Council | | |
| oto 0 | oublic comment, or to speak for or against a proposa | ıl on the agend | a? () For proposal (火) Against proposal () General comments | |
| Name: Stre | NSCHANN | | \ / | |
| Business or Organization Affiliat | ion: Olympic Medial Cent | lar | | |
| Address: 50 | 100 W. Dympic Blod. | CN | 90036 | |
| Business or Organization Affiliation: Dlynger Medial Center Address: 5900 W. Drynger Dlvd, Gg 90036 Street Street State Zip Business phone: 323-932-5900 Representing: Dlynger Medial Center | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
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| I wish to speak before the | Name of City Agency, Department, Committee or | Council | |
| Do you wish to provide general | oublic comment, or to speak for or against a proposa | al on the agenda | ? () For proposal |
| Name: Diana M | Jave | | (X) Against proposal() General comments |
| Business or Organization Affiliat | ion: Northwest San Tedro | Neigh | oorhood Coonci |
| Address: 1064 Via | Jave Jave ion: Northwest San Fedro La Paz San Pedro city | C A State | 90732 |
| | Representing: | | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INFO | RMATION BELC | w: |
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| Date 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 | B4 H | 07-06-00-SA | ~ |
| Do you wish to provide general s | Name of City Agency, Department, Committee | | or proposal |
| Name: SIMP N | bublic comment, or to speak for or against a pro | () A | gainst proposal General comments |
| Business or Organization Affiliati | on: Sylman NC | | |
| Address:Street | City | State Zi | p |
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| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT II | NFORMATION BELOW: | |
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| Date 2 1 (16 | THE CITY COUNCIL'S DECORUM WILL BE E | | Council F | ile No., Agend | la Item, or Case No. |
| I wish to speak before the | sudget y Finance | Commille | e | | |
| | Name of City Agency, Departn | nent, Committee or (| Council | | |
| Do you wish to provide general possible. Name: Chy Comiss Business or Organization Affiliat | ioner Paule Cri | UZTAKAS | | | For proposal Against proposal General comments |
| Address: <u> </u> | ecrest Aug. Ver | rice a | A 90 | 291) | |
| Address: <u>Www.</u> Street Business phone: 36849 | City - 409 Representing: | HSD | State | | Zip |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
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| I wish to speak before the | Name of City Agency, Department, Co | A | OF CULTURAL |
| Do you wish to provide general p | public comment, or to speak for or agains | t a proposal on the agenda | |
| Name: TERENCE | MCFARLAND | | Against proposal () General comments |
| Business or Organization Affiliat | ion: LASTAGE ALI | LANCE | |
| Address: 644 S. F | 760 COA LA | State | 90017 |
| Business phone: 213 614 | bSJJ Representing: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLI | ENT INFORMATION BEL | ow: |
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| Date 2/(/(o | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE | or or | Agenda Item, or Case No. |
| I wish to speak before the | Sudget & Finance | e Counité | S #(' |
| Name: Jehan Agran | | | ? () For proposal () Against proposal () General comments |
| Business or Organization Affiliation Affiliation Affiliation Address: 500 West | tion: Children's Hospital | | 90025 |
| Street Business phone: | City Representing: | State | ' Zip |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
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| Date 2 1 20 D | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | | Agenda Item, or Case No. $00-5159$ |
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| I wish to speak before the | Budget & Finance Com. | · | |
| | 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? | () For proposal Against proposal |
| Name: AZIZA HAS | $A \cap A$ | | () General comments |
| Business or Organization Affiliation: MPAC Muslim Public Affairs Council | | | |
| Address: 3255 Will | shie Blvd Los Angeles | CA- State | 9 00 (() |
| Business phone: 213-383-3445 Representing: MPAC | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: | | Ph | one #: |
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Date 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 gomment, or to speak for or against a proposal on the agenda? Name: Address: Street THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. Agenda Item,

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Client Name:

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| Date 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council I | File No., Agenda Item, or Case No. |
| I wish to speak before the | BUDGET & FINANCE C Name of City Agency, Department, Committee | | £ |
| Do you wish to provide general | public comment, or to speak for or against a propo | osal on the ag | |
| Name: MEVAN | DELACRUZ -MESCA | *************************************** | (X) Against proposal () General comments |
| Business or Organization Affiliat | ion: VA CITY HUMAN RELATION | S COMMUS | 310NGR |
| Address: 502 CSI | PROS AVE WAY MYS 5-2974 Representing: DA HUMAI | C/A- State | - 91411 Zip |
| Business phone: [310)-82 | 5-2979 Representing: UA YUMA I | V SERVY | ES DEPT. |
| • | A PAID SPEAKER AND PROVIDE CLIENT INF | | |
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| Do you wish to provide general p | oublic comment, or to speal | k for or against a proposal | on the agenda? | |
| Name: Roy Stone | e | | | () Against proposal () General comments |
| Business or Organization Affiliati | ion: <u>Librarians</u> | 'Guild | | |
| Address: 514 Sh | atto Place | LA | CA | 900 |
| | | | State Libracian | Zip Դୁ-⊆ |
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| I wish to speak before the | | | |
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| Do you wish to provide general p | public comment, or to speak for or against a prop | | |
| Name: | SA SARKIN | () Against proposal General commen | |
| Business or Organization Affiliati | on: STUDIO CITY | NC | |
| Address: 4024 RA | DEPORD ANT GODIO | City (A 91604 | |
| Business phone 8/8/980 | City O O 0 Representing: | / State Zip | |
| Address: Grant G | | | |
| Client Name: | | Phone #: | |
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| I wish to speak before the | Budget & France Committee | DCI | 4 |
| | Name of City Agency, Department, Committee or | Council | |
| , , , | public comment, or to speak for or against a proposa | al on the agenda | ? () For proposal () Against proposal |
| Name: <u>Comille</u> So | -henkkan | | () General comments |
| Business or Organization Affiliat | ion: Circle X Theatre Co | | -1 |
| Address: <u>6858</u> De | Longpre Ave #2 LA | CA | 90028 |
| Business phone: 213-225 | 5-7580 Representing: | State | ZIP |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
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| I wish to speak before the | Bu for Committee Name of City Agendy, Department, Committee | ee or Council | |
| Do you wish to provide general | public comment, or to speak for or against a pro | oposal on the agenda? (| |
| Name: | John Consorce | 1 cent Cour |) Against proposal) General comments |
| _ | | 100 | 1 ×71/ |
| Address: 919 M | BMM 87. Los Mag- | State | Zip |
| | -8361 Representing: DISAL / | & Commen | |
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| I wish to speak before the 1 Special Agenda |
| 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 () Against proposal () General comments |
| Business or Organization Affiliation: Disability Rights Lega Center |
| Address: 919 Albuny St LA 90015 |
| Business phone: (Street) 786-8) Representing: |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |
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| I wish to speak before the | Name of City Agency, Department, | Committee or Council | jet ' |
| Do you wish to provide general p | oublic comment, or to speak for or ag | ainst a proposal on the agenda | |
| Name: AZIZA HO | asan | | () Against proposal General comments |
| Business or Organization Affiliati | | | uncil |
| Address: 3010 Wils | rue Blud Los | Angeles CA | 90020 |
| Business phone: 213-38 | 3-344Representing: MP | AC State | Zip |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE | CLIENT INFORMATION BELO | ow: |
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| Name: | MEQuistan | General comments | | |
| Business or Organization Affiliat | ion: | | | |
| Address: 6212 | Vuena Garal Agranda | AB 90026 | | |
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| Business or Organization Affiliat | " | ARCA N | english | ood Con | incit |
| Address: 930 Cayuda Street h | Ave Sux | Valley | 0 | Ca | 91352 |
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| lo you wish-to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal |
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| lame: Tarbara I manur Burke () Against proposal () General comments |
| Jusiness or Organization Affiliation: Studio City Neigh by Wood Council Evant Member |
| ddress: 4213 Wilkinson Ale Sydio City, CA 9160+ |
| weiness phone: \$18.212.44 Representing: Shudup data 10 skate |
| HECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |
| lient Name: Phone #: |
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CITY OF LOS ANGELES SPEAKER CARD Council File No. 1-2010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 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: City Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name:

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

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NOTE: THIS IS A PUBLIC DOCUMENT.

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Client Address:

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CITY OF LOS ANGELES SPEAKER CARD 09-0600 -5/59

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|--|---|---|----------------|----------------|--------------|---|
| I wish to speak before the | Budget + | Finance- | City | Counci |) | |
| Do you wish to provide general p | public comment, or to | | | | da? () Fo | or proposal gainst proposal |
| Name: A Lek The Business or Organization Affiliation | ompson | | 1 / 1 | 1 - | | eneral comments |
| Business or Organization Affiliat | ion: <u> </u> | 1sta Sta | Ke 91010 | ler | | *************************************** |
| Address: 415 C | hase Ave | LA | | CA State | 90 | 0066 |
| Business phone: | | • | | State | |) |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER A | ND PROVIDE CLI | ENT INFOR | MATION BE | LOW: | |
| Client Name: | | *************************************** | | | Phone #: | *************************************** |
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Date 21-10

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

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

| I wish to speak before the | | ALC. | \mathcal{L} | | |
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| Name of | City Agency, Department, Commi | ttee or Council | / | | |
| Do you wish to provide general public comm | /KL | | Against proposalGeneral comments | | |
| Business or Organization Affiliation: 14 | GHBORHOOD VOUNC | IL S (AKEHOL |)ER | | |
| Address: 9876 MAIIU Street | LA | CA | 90012 | | |
| Street | City | State | Zip | | |
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| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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| I wish to speak before the | Budget + Fi | NANCE | Comn | 11/2 | · ~. | *************************************** |
| Name of City Agency, Department, Committee or Council | | | | | | |
| Do you wish to provide general pub | olic comment, or to speal | for or again | st a proposal on | the agend | | |
| Name: NEODROS | BRIDGEF | FOR TH | | | () Agai () Gen | nst proposal eral comments |
| Business or Organization Affiliation | : HARBOR GA | teway | NORTH | Næigh | 6500 | Council |
| Address: 601 w 2 | st 120 dst | City | Ingela | CA. State | 91002 | 7- |
| Business phone: | | | | | | |
| CHECK HERE IF YOU ARE A F | 'AID SPEAKER AND P | ROVIDE CL | IENT INFORM <i>A</i> | TION BEL | .ow: | |
| Client Name: | | | HARPA LLA LLAND AND AND AND AND AND AND AND AND AND | | Phone #: | *************************************** |
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| Do you wish to provide general | Name of City Agency, Department, Committee or public comment, or to speak for or against a propos | | () For proposal () Against proposal | | |
| Name: Jol | H STINSON | 200 | General comments | | |
| Business or Organization Affilia | tion: COASTAC Stal | 150 ho | MC. | | |
| Address: 374 | WIGHTS SON | 2000 CA | 2673 | | |
| Business phone: Street State Zip Representing: State Zip | | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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| I wish to speak before the | | | |
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| Name of C | ity Agency, Department, Commit | ttee or Council | |
| Do you wish to provide general public comme | nt, or to speak for or against a p | proposal on the agenda? | Against proposal |
| Name: MARY GARCIA | | , (|) General comments |
| Business or Organization Affiliation: | | • | |
| Address: 5023 Pallyeng | Blod | State | Zip |
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| C | CITY OF LOS ANGELES SPEAKER | R CARD | genal, |
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| Date 2 - 1 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File N | o. Agenda Item, or Case No. |
| I wish to speak before the | Name of City Association o | Council | • |
| | Name of City Agendy, Department, Committee of | | 0 () 5 |
| Do you wish to provide general pu | blic comment, or to speak for or against a propo | sai on the agend | a? () For proposal () Against proposal |
| Name: | SON LA | , | () General comments |
| Business or Organization Affiliation | | <i>/</i> | |
| Address: | | 0// | Ì |
| Street Business phone: | Representing: | State | Zip |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT INFO | ORMATION BEL | .ow: |
| Client Name: | | | Phone #: |
| Client Address:Street | | | |
| Street | City | State | Zip |
| Please see reverse of card for | important information and submit this entire care | d to the presiding | officer or chairperson. |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | |

| Date 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | | | |
|---|--|--|--|--|--|
| I wish to speak before theNar | day & Finance Cor ne of City Agency, Department, Committee of | hm/hoe | | | |
| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () General comments Business or Organization Affiliation: DISADITA RIGHTS California Address: 3580 Wilshim Blvd. #G. Los Angeles A 903/d | | | | | |
| Business or Organization Affiliation: | philite Kights Cal | Monta and | | | |
| Street | / / ZCity | eles (A 903/d State Zip | | | |
| Business phone: 2/3-427-8747 Representing: | | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
| Client Name: | | Phone #: | | | |
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| Feb. 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 | Name of City Agency, Department, Commi | Committee ittee or Council |
| Name: Cynde S | public comment, or to speak for or against a p | |
| Business or Organization Affiliat Address: Street | Wh Spring Sity LA | State 90014 |
| Business phone:CHECK HERE IF YOU ARE A | Representing: 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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| Date | | | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 09 - 660 - 5159

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| I wish to speak before the | Budget Qud F Name of City Agency, Depa | TY 9 U CE Cartment, Committee of | OMWHOOT COUNCIL | ce |
| | ral public comment, or to speak fo | | | |
| Name: Rosalie | Preston | | | Against proposal () General comments |
| Business or Organization Affi | liation: <u>Havbor</u> (| Sateway | North | Noigh borhoo |
| Address: 15913 Street | Preston Menlo Ave, 6 | Fardena | CA State | 90247 Counce |
| | Representing: | | | |
| CHECK HERE IF YOU ARI | E A PAID SPEAKER AND PRO | OVIDE CLIENT INF | ORMATION BEL | ow: |
| Client Name: | | | | Phone #: |
| Client Address:Street | С | ity | State | Zip |
| Please see reverse of ca | rd for important information and s | submit this entire car | d to the presiding | officer or chairperson. |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | | |

| Date 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | |
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| | GET + FIANCE | COMM. | |
| Nam | e of City Agency, Department, Committee | or Council | |
| | omment, or to speak for or against a propo | osal on the agenda? () For proposal () Against proposal | |
| Name: LU WATS | 5D | General comments | |
| | | | |
| Business or Organization Affiliation: | -) TAKE HOLDER | | |
| Address: 12653 Arus | WORTH L.A. | 9234 Y | |
| 0.1001 | Oity | State Zip | |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
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| Date 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., A | Agenda Item, or Case No. | | |
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| I wish to speak before the Budged & France Countle | | | | | |
| Nan | ne of City Agency, Department, Committee or | Council | | | |
| Do you wish to provide general public of Name: | comment, or to speak for or against a proposa | on the agenda? | () For proposal () Against proposal () General comments | | |
| | | <u> </u> | () General comments | | |
| Business or Organization Affiliation: | Olympia Medical | Center | | | |
| Address: Street Street State State Zip | | | | | |
| Business phone: 323-932-59 | 70 Representing: Olympia Mel | grade Con Tu | Zip | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
| Client Name: | | Ph | one #: | | |
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Date 2/1/2010

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

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

DISABILITY

| I wish to speak before the | <u></u> | Committee or Council | | |
|--|------------------------------------|---|--|----------|
| Do you wish to provide general pub Name: | | ainst a proposal on the age | enda? () For proposal (L) Against proposa () General comme | |
| Business or Organization Affiliation | : LAUSD COMM | UNITY ADVISOR | Y COMMITTEE | |
| Address:Street Business phone: CHECK HERE IF YOU ARE A F | City Representing: 82, 6 | State OO CHILDINGN AUSD CLIENT INFORMATION F | WITH DUS ABIL | <u> </u> |
| Client Name: | | | Phone #: | |
| Client Address: | City | State | Zip | |
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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE | | | | |
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| I wish to speak before the | amittho 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 () General comments | | | | |
| Business or Organization Affiliation: | Business or Organization Affiliation: Hards on Achocace around | | | |
| Address: SSY E. M. L. Kines bluck 2 | A State Zip | | | |
| Business phone: 33-404-0590 Representing: | State Zip | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIE | NT INFORMATION BELOW: | | | |
| Client Name: | Phone #: | | | |
| 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. | | |
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| I wish to speak before the $_$ B | Upport FINANCE Comp, O | TOTA . | | |
| | 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: S'CADB HLIGHTLA, Some Dogs | | | | |
| Address: 200 Street | VE STAND TO THE STANDERS | CA 912-5754 | | |
| Business phone: (213)626-8 Representing: | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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>

| Date 2 1 10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. | |
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| I wish to speak before the | Budget & France Co | mmitte | | |
| Do you wish to provide general p | 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 () Against proposal () Ageneral comments | | | |
| Business or Organization Affiliation: Total Ricall Captioning Inc. | | | | |
| Address: 29629 Can Word St., Agoma HIIS CA 91301 Business phone: 88-991-2413 Representing: Self | | | | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INF | ORMATION BELO | N: | |
| Client Name: | | Pr | none #: | |
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| I wish to speak before the | Budget & Finance (| Dymi | Hee | |
| | Name of City Agency, Department, Committee or public comment, or to speak for or against a proposa | | ida? () For proposal () Against proposal | |
| Name: Jeonard Sawyer | ON BEHALF OF Mark Alberion: Diversity at Work | <u>C10721</u> 5 | () General comments | |
| Business or Organization Affiliat | ion: | | | |
| Address: 7485. | | GA | 90042 | |
| Business phone: 323 64 | Business phone: 323646249Representing: | | | |
| CHECK HERE IF YOU ARE A | CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: | | | _ Phone #: | |
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| Date 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Age | nda Item, or Case No. | | |
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| I wish to speak before the | 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 propos | sal on the agenda? (| | | |
| Name: <u>LeoNavd</u> Sa. Business or Organization Affiliat | wer - For HRC | 1 Company Description | Against proposal General comments Communication | | |
| Business or Organization Affiliation: Address: Street City State Zip | | | | | |
| Street City State Zip Business phone: 373-717-735 Representing: | | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
| Client Name: | | Phone | 9 #: | | |
| Client Address:Street | City | State | Zip | | |
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| Date 2 / 1 /10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | 1 | o., Agenda Item, or Case No. |
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| I wish to speak before the | | | |
| | Name of City Agency, Department, Committee or | | |
| | public comment, or to speak for or against a proposa | | |
| Name: Commission | vor Arii Ruiz | | () Against proposal General comments |
| Business or Organization Affiliat | ion: Commissioner | | |
| Address: Street | - LA | CA | 90037 Zip |
| Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

| Council File No., Agenda Item, or Case No. | |
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| 09-0600-5159 | |

| I wish to speak before theBudge | t and Finance Committee ne of City Agency, Department, Committee | Special Meeting | |
|---|---|--|----|
| Nan | ne of City Agency, Department, Committe | ee br Council | |
| Do you wish to provide general public on Name: Christopher Roblet | comment, or to speak for or against a pro | oposal on the agenda? () For proposal () Against propos () General comm | |
| Business or Organization Affiliation: | Los Angeles Youth Coun | CI | |
| | nue Los Angeles City | | |
| Business phone: | | State Zip | |
| CHECK HERE IF YOU ARE A PAID | SPEAKER AND PROVIDE CLIENT I | NFORMATION BELOW: | |
| Client Name: | | Phone #: | |
| Client Address: | | | |
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| Date 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. | |
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| I wish to speak before the Budget & Fixance composition | | | | |
| | Name of City Agency, Department, Committee or | Council | | |
| Do you wish to provide general p | public comment, or to speak for or against a proposa | al on the agenda? | | |
| Name: Bob Sch | 3 | The second secon | (X) Against proposal () General comments | |
| Business or Organization Affiliat | ion: SEIU 721 Preside | nt | *************************************** | |
| Address: 500 S. U. | MET LA | CA | 90020 | |
| Business phone: 818 3 68 | 1267 LA City -8632 Representing: CSTY Empl | state sycc9 | ZIP . | |
| | A PAID SPEAKER AND PROVIDE CLIENT INFO | | | |
| Client Name: | | P | hone #: | |
| Client Address:Street | | | | |
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| Date F20 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE | |
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| I wish to speak before th | Name of City Agency, Department, Co | adget Committee of Council |
| Do you wish to provide | general public comment, or to speak for or agains | |
| Name: Zeq | Wall | () Against proposal () General comments |
| Business or Organizatio | n Affiliation: <u>CHUL</u> | |
| Address: | et City | (State) Zip |
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| CHECK HERE IF YOU | ARE A PAID SPEAKER AND PROVIDE CLI | ENT INFORMATION BELOW: |
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| Date 92-01-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. SPECIAL AGENDA |
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| I wish to speak before the | Budget and Fanance Name of City Agency, Department, Comm | Committee |
| Do you wish to provide general posterior Name: | public comment, or to speak for or against a | |
| Business or Organization Affiliat | ion: SE IV 72[| |
| | flst Los Ange | les CA 90062 |
| | Representing: | ···· · · · · · · · · · · · · · · · · · |
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| Client Name: | | Phone #: |
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<u>Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.</u>

| Date | THE CITY CO DECORUM W | | | Council File N | o. Agenda Item, or Case No. |
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| I wish to speak before the | RUBHUC CO | OMM f y, Department, | 7. Committee or | Council | |
| Do you wish to provide general p | public comment, or to s | peak for or aga | ainst a proposa | l on the agenda | |
| Name: Robert 91 | ANCHRE | | | | () Against proposal () General comments |
| Business or Organization Affiliat | ion: <u>D</u> 55 | 112t | | | |
| Address: DS \ | 1. HAZARD | NV 9 City | PUK | State | 900 6 Z |
| Business phone: | Representi | ing: | *************************************** | | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AN | ID PROVIDE (| CLIENT INFOR | RMATION BEL | ow: |
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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |

| I wish to speak before the | | | |
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| | City Agency, Department, Commi | ttee or Council | |
| Do you wish to provide general public comm | -/ // // | , · | ? () For proposal () Against proposal |
| Name: Jan | Hand al | | () General comments |
| Business or Organization Affiliation: | | | |
| Address:Street | | | |
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CITY OF LOS ANGELES SPEAKER CARD Special

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

| Council File No. | Agenda Item, or Case No. |
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| I wish to speak before the Budge | of City Agency, Department, Committee or | muttee | |
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| Name | of City Agency, Department, Committee or | Council | |
| | nment, or to speak for or against a proposa FER ANG EZ ES NECCABORAGO | | |
| Business or Organization Affiliation: | SANGEZES NECGABORAGO | D COUNCIL | COACILITIA |
| Address:Street | City | State | Zip |
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| CITY | OF LOS ANGELES SPEAKER | card Alia |
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| Date 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 | B&F | |
| Nam | ne of City Agency, Department, Committee or | · Council |
| Do you wish to provide general public of | comment, or to speak for or against a propos | |
| Name: Skuwn | SIMON | () Against proposal General comments |
| Business or Organization Affiliation: | Empullement Co | MIRS NORTH |
| Address: | 1 | |
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

| 7-1-2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | |
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| I wish to speak before the | Budget & Finance Co Name of City Agency, Department, Committee or | mmittee | |
| | | | |
| Do you wish to provide general p | public comment, or to speak for or against a proposa | | |
| Name: Do U | a Epperhart | ()/Against proposal () General comments | |
| Business or Organization Affiliati | g Epperhart Coastal San T | Pedro | |
| Address: 1206 U | Jest 37th St San Ped | 150 CA 90731 | |
| Sileet | City | State ZIP | |
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| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
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SPECIAL * ENVIRONMENTAL AFFAIRS

CITY OF LOS ANGELES SPEAKER CARD

Date 2/01/2010

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

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

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| I wish to speak before the | BUDGE | T & F | -INANC | モ | |
| - | Name of City Agency | , Department, C | Committee or Cou | ncil | |
| Do you wish to provide genera | I public comment, or to sp | oeak for or agai | nst a proposal on | the agenda | |
| Name: | DE HUNTE | ZR | | | () Against proposal () General comments |
| Business or Organization Affilia | ation: NORTH VA | LLEY COF | ALITION | | |
| Address: 11862 B | ALBOA BLVD B | 172 xox | GRAHADA | Hus (| CA 91344 |
| Street | | City | | State | Zip |
| Business phone: | Representir | ng: | | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER ANI | D PROVIDE CI | LIENT INFORMA | TION BELC | ow: |
| Client Name: | ······································ | | | F | Phone #: |
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Date Feb 1, 2010

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

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

| I wish to speak be | efore the | Budget 3 | Finance | e Committ | ೬೬ |
|--------------------|--------------------|----------------------|------------------------|---------------------------|---|
| · | | Name of City Ag | ency, Department, Co | mmittee or Council | |
| | | | to speak for or agains | st a proposal on the agen | da? () For proposal (※) Against proposal |
| Name:A | my K | α | | | () General comments |
| Business or Orga | nization Affiliati | on:F | FIVE ACT | es | |
| Address: 76 c | Street | Mountain ext 3165 | View ST | . Altadera State | (A. 9100) |
| Business phone: | 626-798- | 6793 Repres | senting: DeaF | Services P | rogram |
| | | | | ENT INFORMATION BE | |
| Client Name: | | · | | | Phone #: |
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| | Street | | City | State | Zip |

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

| Date / 20110 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | |
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| I wish to speak before the | A City Corunt Budget Name of City Agency, Department, Committee or | Council Connett | *************************************** |
| Do you wish to provide general | public comment, or to speak for or against a propose | | |
| Name: Commissione | r Sanut D. Neal | () Against proposal () General comments | 3 |
| Business or Organization Affiliat | tion: JACity Comm on Double | lety; LACity Council on Jose | file |
| Address: <u>500</u> <i>W</i> | The Shat | CA , 20078 | (|
| Business phone: 974-10 | 253 Representing: My Self of | State Was Sip | 2 |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENTINFO | RMATION BELOW: | |
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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
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| I wish to speak before the Name of City Agency, Department, Committee or C | Council |
| Do you wish to provide general public comment, or to speak for or against a proposal | |
| Name: Tudith Red | () Against proposal () General comments |
| Business or Organization Affiliation: LA Cily Atto H | 4500 |
| Address: 200 No Main St., LA C | A 90012 |
| Business phone: 978 7/9/ Representing: LA City | State A 5 9 8 C |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFOR | MATION BELOW: |
| Client Name: | Phone #: |
| Client Address: | |
| Street | State Zip |

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

| Date 2/1/15 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. | |
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| I wish to speak before theNan | ne 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: | | | | |
| | | | | |
| Address: Street | City | State | Zip | |
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| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | Ph | one #: | |
| Client Address:Street | City | State | Zip | |
| Please see reverse of card for imp | ortant information and submit this entire card NOTE: THIS IS A PUBLIC DOCUMENT | | ficer or chairperson. | |

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| Date 02/01/ | 10 |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

| I wish to speak before the | Budget Name of City Agency | F Finance , Department, Comm | Committee nittee or Council | e |
|-----------------------------------|--|---------------------------------|--------------------------------|--|
| Do you wish to provide gener | The state of the s | - | - | |
| Name: Francisc | o Dvenas | | | (Y) Against proposal () General comments |
| Business or Organization Affil | iation: Hvmah | Relations | Commission | Department |
| Address: // Street | Vew Hompshine A | he #202, Lost | Ingeles CA | 90004 |
| Street Business phone: $(2/3)382$ | -7606 Representi | ing: Hunga Relat | State State | Zip / |
| CHECK HERE IF YOU ARE | - | | | |
| Client Name: | | | | Phone #: |
| Client Address: | | | | |
| Street | | City | State | Zip |
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| | NOTE: THIS | IS A PUBLIC DOC | UMENT. | |

| Date | THE CITY COUNCIL'S RULES OF | Council File No., Agen | da Item, or Case No. |
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| 2/11/16 | DECORUM WILL BE ENFORCED. | D- 180 | 1.0 |
| V | DECOMON WILL BE LIVE OMOLD. | on The | guagu. |
| . , | | to 120 |) |
| I wish to speak before the | sudget + Timbrice, | | |
| | Name of City Agency, Department, Committee or | Council | |
| De verreich te werdte verreich | | 1 11 | |
| no you wish to provide general l | oublic comment, or to speak for or against a proposa | on the agenda? () | Against proposal |
| Name:) , ll. | the Navarra | () | General comments |
| | | 1 20 | 1 A |
| Business or Organization Affiliat | ion: Community betwely | Living Inda | ponter |
| Address: C345 S | pring St. Int Floor, LD | CAU 9 | 6014 |
| Business phone: (2)3 | Representing: City Label F | State | Zip * |
| Judamesa priorie: | Trepresenting. | 1000000 | <u>J</u> |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INFOF | RMATION BELOW: | |
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CITY OF LOS ANGELES SPEAKER CARD Special 1

| Date | <u></u> | ~ [7] |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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| Council File | No., | Agenda | Item, | or | Case N | Vo. |
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| I wish to speak before the | | | | |
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| | cy, Department, Co | ommittee or Council | | |
| Do you wish to provide general public comment, or to Name: Business or Organization Affiliation: | | st a proposal on the agenda? | P () For propo () Against p () General c | sal roposal comments |
| Address:Street | City | State | Zip | |
| Business phone: <u>2/3 627-747</u> Represer | | | • | |
| CHECK HERE IF YOU ARE A PAID SPEAKER A | AND PROVIDE CL | IENT INFORMATION BELO | W: | |
| Client Name: | | P | hone #: | |
| Client Address: | | | | ······································ |
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| Date 2/1/16 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | | | |
|--|---|--|--|--|--|
| I wish to speak before the | dyet + Finance Community 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 () Against proposal () Against proposal () Against proposal () General comments Business or Organization Affiliation: Address: 30 Figures State City State Zip | | | | | |
| Address: 20 Figures | cu St #100 ios Anglhe City Representing: | 25 (A 900 12 State Zip | | | |
| Business phone: (25) 302-2769 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: 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 | | Causailtia | 1- A | | |
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| Date | THE CITY COUNCIL'S RULES OF | Council File N | lo., Agenda/Item, or Case No. | | |
| | DECORUM WILL BE ENFORCED. | 1 | ecas III | | |
| | , | \bigcirc | 1.) | | |
| I wish to speak before the | A CHY COUNCIL | | | | |
| | Name 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 agend | a? (// For proposal | | |
| Name: ARTY | RUBENCTEIN | | (√) Against proposal () General comments | | |
| Business or Organization Affiliation: 1 1 (1914) The Commission of C | | | | | |
| Address: | Remote diva | | 7in | | |
| Business phone: | | D Mm | 19918RT | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
| Client Name: | | | Phone #: | | |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

| I wish to speak before theP | budget C | omnitt | ee | | |
|--------------------------------------|--------------------|-------------------|-------------------|------------|---|
| | Name of City Agend | cy, Department, C | Committee or Cou | ncil | |
| Do you wish to provide general p | | speak for or agai | nst a proposal on | the agenda | ? () For proposal |
| Name: <u>theresa</u> | de vera | | | | (x) Against proposal (General comments |
| Business or Organization Affiliation | on: Commis | SIM on | disab | Mity | |
| Address: 201 North | Figueroa, < | suite 100 | La, ca | 90012 | 2 |
| | | | | | Zip |
| Business phone: | Represen | iting: | | | |
| CHECK HERE IF YOU ARE A | PAID SPEAKER A | ND PROVIDE C | LIENT INFORMA | TION BELC | 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.

| Feb. 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 | Name of City Agency, Department, Committee or | Council | | | |
| Do you wish to provide general Name: | public comment, or to speak for or against a proposa | I on the agenda? () For proposal () Against proposal | | | |
| Business or Organization Affiliation: DISABILITY FUNDING | | | | | |
| Address:Street Business phone: | W. COUNA HHY SANDIMA City Representing: MY SHE | State Zip 115 | | | |
| 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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| Pata Lb1. | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No | ., Agenda Item, or Case No. | |
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| I wish to speak before the | Sudat + Finance | | | |
| | Name of City Agency, Department, Committee or | Council | | |
| Do you wish to provide general Name: | public comment, or to speak for or against a proposa | l on the agenda | ? () For proposal () Against proposal General comments | |
| Business or Organization Affiliation: West Side Center to Shapendent Living | | | | |
| Address: 12951 V | enice Blud. Jenice Mar | Vista State | CA 90006 | |
| Business phone: | / | | • | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
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| Date 2/1/2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File | No., Agenda Item, or Case No. |
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| I wish to speak before the | Name of City Agency, Department, Committee or | NCE Ca Council | OMMITTEE |
| Name: HELEN | oublic comment, or to speak for or against a proposa | - | Against proposalGeneral comments |
| Business or Organization Affiliati | on: DHMPIC PARK NEIGHBOI CITPUS AV., LA CA 90019 City Representing: | RHOOD | COUNCIL |
| Street Business phone: 323 8424 | Representing: | State | Zip |
| | 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.

| Date 2 1 (10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda | Item, or Case No. | |
|--|--|--------------------------|--------------------------------------|--|
| I wish to speak before the | BUDGET + FT MANUE Name of City Agency, Department, Committee or | Council | | |
| Do you wish to provide general p | public comment, or to speak for or against a proposa | | | |
| Name: MARTIN S | CHLAGETER | • • | Against proposal General comments | |
| Business or Organization Affiliation: COAUTION FUN CUEAN AIR | | | | |
| Address: Street Coaution For Custon Affiliation: Coaution For Custon Air Coaution For Custon Air Coaution Affiliation: Coaution For Custon Air Coaution Affiliation: Coaution For Custon Air Coaution Affiliation: Coaution For Custon Air Coaution Air Coaution For Custon Air Coaution Air Coaution Affiliation: Coaution For Custon Air Custon Air Coaution Air Coaution Air Custon Air Custon Air Coaution Air Custon Air Cust | | | | |
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| Client Name: | | Phone # | * | |
| Client Address: City State Zip | | | | |
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| Date 2/1/15 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | | | |
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| I wish to speak before the | Budget & FINANC | | | | |
| 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: ARACH #3TULL ALACH | | | | | |
| Address: Freet Street State St | | | | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFOF | RMATION BELOW: | | | |
| Client Name: | | Phone #: | | | |
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| Date 2-1-10 | | COUNCIL'S RUL M WILL BE ENFO | | Council File No | ., Agenda Item, or Case No. |
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| I wish to speak before the | BUBERT | COMMI | TTRE -C | ULTURAL A | EFAGRS CUTS |
| • | | gency, Department | , Committee or | Council | |
| Do you wish to provide general p | | to speak for or aç | gainst a proposa | l on the agenda | (? () For proposal () Against proposal General comments |
| Business or Organization Affiliat | ion: SRLP | | - | | |
| Business or Organization Affiliat Address: 109 N S CANANAM Street | IP DR #D | BURBANK | 9885 | C/A State | |
| Street | | City | | State | Zip |
| Business phone: | Repre | senting: | | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER | R AND PROVIDE | CLIENT INFOF | RMATION BELO | 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 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No. | Agenda Item, or Case No. |
|-----------------------------------|--|--------------------|---------------------------------------|
| I wish to speak before the | Sudget & Finance (Name of City Agency, Department, Committee or | ommitte | e |
| | | | |
| Name: Shamee | oublic comment, or to speak for or against a propos | | Against proposal General comments |
| Business or Organization Affiliat | ion: tolar Chy Consul | ling Ser | vices |
| Address: 1940 N | Highland Are LA | State | 90068 |
| Business phone: 310 499 | 3/92 Representing: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFO | RMATION BELO | W: |
| Client Name: | · | Pi | none #: |
| 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. |
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| | | |
| I wish to speak before the | Name of City Agency, Department, Committee on | |
| | Name of City Agency, Department, Committee or | Council |
| A . | public comment, or to speak for or against a propose | |
| Name: Ahavia S | Scheindlin | () Against proposal General comments |
| Business or Organization Affiliat | ion: Jewish Federation | <u> </u> |
| Address: 6505 U | Silshine Blud. Los Angeles | SCA 90048 |
| Street Business phone: 3376 | 18352 Representing: Middle East T | ask tone Human Relations |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INFO | RMATION BELOW: |
| Client Name: | | Phone #: |
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| | CITY OF LOS ANGELES SPEAKE | R CARD 5/59 |
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| Date 2/1/10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
| I wish to speak before the | Budget and Finance (Name of City Agency, Department, Committee | |
| A 1 | public comment, or to speak for or against a prop | |
| Name: Alma Bol | cde . | General comments |
| Business or Organization Affiliat | tion: Environ Mental Affairs | Commission President |
| Address: 227 Pa | Horse ARFQ LA | CA 9003/ |
| Business phone: 213, 604 | · · · · · · · · · · · · · · · · · · · | Giate Zip |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INI | FORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address:Street | City | State Zip |
| Please see reverse of card | for important information and submit this entire ca | ard to the presiding officer or chairperson. |

| | | | 5159 |
|---|---|---------------|---------------------------------------|
| 2/1/2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | A - | Agenda Item, or Case No. |
| I wish to speak before the | Budget and Finance C Name of City Agency, Department, Committee of | mmittee | 7 |
| | Name of City Agency, Department, Committee or | r Council | |
| Name: Maria 2 | public comment, or to speak for or against a propos Aymondiam | | () Against proposal General comments |
| Business or Organization Affiliat | tion: ENVinnmental Affacts | Commis | Surj |
| Address: | | | |
| Street Business phone: \$\int \frac{458}{} | City Gity Representing: | State | Zip |
| · v | A PAID SPEAKER AND PROVIDE CLIENT INFO | RMATION BELOV | v: |
| Client Name: | | Pr | one #: |
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Client Address: __

| Date 2-1-10 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No | ., Agenda Item, or Case No. |
|------------------------------|--|-----------------|--|
| I wish to speak before the | FULL COUNCIL (BUDGET) | 0 | |
| L.A. | Name of City Agency, Department, Committee or public comment, or to speak for or against a proposa | | ? () For proposal () Against proposal () General comments |
| | · LONTEN FIREFILHTERS | | _ |
| Address: 157 D | Perlacy BL VA City Representing: FIREFILM | State G | Zip |
| Business phone: | 209/ Representing: FIREFILH | ere | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFOR | RMATION BELO | ow: |
| Client Name: | | F | Phone #: |
| Client Address:Street | City | State | Zip |
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Hol 5159

Date

2-1-10

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

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

| I wish to speak before the | 3udset ano | FINANCE | Commi | TEE |
|----------------------------------|--------------------------|---------------------------|---|---|
| | Name of City Agency, Dep | | | |
| Do you wish to provide general | | for or against a proposal | on the agenda? | |
| Name: JOHNNY | YUTRONICIT | | | (★) Against proposal() General comments |
| Business or Organization Affilia | tion: MCIA | | | |
| Address: 2055 Street | BRUZDWAG | #508 | CA | 90710 |
| Street | J | City | State | Zip |
| Business phone: | Representing: | A | *************************************** | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PR | OVIDE CLIENT INFOR | MATION BELOV | v: |
| Client Name: | | | Ph | one #: |
| Client Address: | | | | |
| 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.

| Date 2016 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
|-------------------------------------|---|-------------------|--|
| I wish to speak before the | Many of City Agency, Department, Committee or | Council | |
| Do you wish to provide general pu | ublic comment, or to speak for or against a proposa | al on the agenda? | () For proposal () Against proposal () General comments |
| Business or Organization Affiliatio | n: Theatre West huenga Blud W | LA CA | 9068 |
| Street Business phone: 323 \$51 | 4839 Representing: | State | Zip |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT INFOR | RMATION BELO | w: |
| Client Name: | | P | hone #: |
| Client Address:Street | City | State | Zip |
| Please see reverse of card for | r important information and submit this entire card | | fficer or chairperson. |

| Date | 170 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File I | No., Agenda Item, or Case No. |
|---------------------|-----------------|---|---|---------------------------------------|
| I wish to speak bef | ore the | Name of City Agency, Department, Committee | e or Council | Judget & |
| Do you wish to pro | vide∖genéral i | public comment, or to speak for or against a pro | posal on the agend | |
| Name: | W | chael N Cohen | MARAMAN AND AND AND AND AND AND AND AND AND A | () Against proposal General comments |
| Business or Organi | zation Affiliat | ion: | | |
| | | ē. | | |
| Address: | Street | City | State | Zip |
| Business phone: _ | | Representing: | | |
| CHECK HERE IF | YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT IN | IFORMATION BE | LOW: |
| Client Name: | | | | Phone #: |
| Client Address: | Street | | Olaha | 77. |
| | Street | City | State | Zip |
| Please see rev | erse of card | or important information and submit this entire of | ard to the presidin | g officer or chairperson. |
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| Teb 1, 2010 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. Them I (CAO Recommendation) |
|--|---|---|
| I wish to speak before the | Budget and Rnance Name of City Agency, Department, Commi | Committee ttee or Council |
| | public comment, or to speak for or against a p | |
| Name: Tony Will Business or Organization Affiliat | 1 MSGh Panorama City Neighbur ion: NC-DWP MOU Oversight Com | () Against proposal () General comments Phocol Quncil (Chair) |
| Address: 8133 Haze | Itme Aver, Panarama Cotx, | CA 91402 |
| Business phone: 818-785-9 | 1355 Representing: | State Zip |
| | 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.

City

State

Street

| Date // 201:0 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
|------------------------------|--|-------------------|---|
| I wish to speak before the | Sunget & Havance Co Name of City Agency, Department, Committee or | my Hoe | n & l |
| | Name of City Agency, Department, Committee or public comment, or to speak for or against a propose | | () For proposal |
| Name: MAZ TZ M | Jon Libermon Roberton | | (-√) Against proposal (✗) General comments |
| Address: | ion: South Robertsm x 35836 LA City 2-8569 Representing: Self | A Goods | Zip |
| Business phone: 3,0 84 | ㄴ-도요9 Representing: Self | | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INFO | PRMATION BELOV | W: |
| | | Pr | none #: |
| Client Address:Street | City | State | Zip |
| Please see reverse of card t | for important information and submit this entire card NOTE: THIS IS A PUBLIC DOCUMEN | • | fficer or chairperson. |

| CITY OF LOS ANGELES SPEAKER CARD () 5/5 |
|---|
| Date 2-1-10 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. 19-0600-54-57 |
| wish to speak before the L.A. Gify Countil Budget Committee Name of City Agency, Department, Committee or Council |
| |
| Name: Mathew Rosenthul (x) General comments or to speak for or against a proposal on the agenda? () For proposal () Against proposal (X) General comments |
| Business or Organization Affiliation: Prevent Hate (organization) |
| Business or Organization Affiliation: Prevent Hate (organization) Address: 11271 Ventura Bl. #452 Studio City, CA 91604 Street City State Zip |
| Street City State Zip Business phone: (818)341-8723 Representing: Prevent Hate |
| 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

State

NOTE: THIS IS A PUBLIC DOCUMENT.

Client Address: __

| | _ | | | | |
|---|--|---------|-------------------|-----------------------------------|-------|
| Date 2-1-10 | THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO | ES OF | Council File No., | Agenda Item, or Case | · No. |
| I wish to speak before the | Budget + Finan | nce Com | mitte | | |
| Do you wish to provide general | 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: HEINRI | . / / / | |) / | Against propo (*) General comi | |
| Business or Organization Affiliation: Historic Highland Park NC | | | | | |
| | | B | CA | 800 PZ | _ |
| Address: 530 N AVL - 53 LA CA 800 CZ Street State Zip Business phone 23 385 435 Representing: | | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | | |
| Client Name: | | | PI | 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. | | | | on. | |
| NOTE: THIS IS A PUBLIC DOCUMENT. | | | | | |

| | CITY OF LOS A | NGELES SPEA | KER CARD | (1) SI59 |
|------------------------------------|----------------------|-------------------------------------|---|--|
| Date 2/1/10 | | INCIL'S RULES OF LL BE ENFORCED. | Council File No 09-0600 VAVI 1000 | ., Agenda Item, or Case No. -SIST #48 |
| I wish to speak before the | & Budget | | | |
| Do you wish to provide general p | Name of City Agency, | • | | ? () For proposal (★) Against proposal () General comments |
| Business or Organization Affiliati | | LA Coali- | hion . | - |
| Address: 1000 D. A | Hameda | LA | <u>CA</u> | 90012 |
| Business phone: 310 9021 | 10 Representir | city ng: 4 reen | State L:A Coal | ition |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND | PROVIDE CLIENT | INFORMATION BELO | ow: |
| Client Name: | | | F | Phone #: |
| Client Address: | | City | State | Zip |
| Please see reverse of card for | • | and submit this entire | | • |
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

| Council File No | ., Agenda Item, or Case No. | |
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| I wish to speak befo | ore the <u>BUDGET</u> | AND FINANCE CON | MWITTER | · |
|---|--|--------------------------------------|----------------------|--|
| | Name of Cit | ty Agency, Department, Committee | e or Council | |
| Do you wish to prov | ride general public commer | nt, or to speak for or against a pro | posal on the agenda? | () For proposal |
| Name: SAVO | RA HAMAT | | | (/ Against proposal () General comments |
| Business or Organia | Business or Organization Affiliation: GRFEN LA | | | |
| Address: | Street | | | |
| | Street | City | State | Zip |
| Business phone: _ | R | epresenting: | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | | Ph | none #: |
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| | Street | City | State | Zip |
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| (for the region) CITY OF LOS ANGELES SPEAKER CARD TEM | 1 | | | |
| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda to Dept. of Child | tem, 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? () Fo | r proposal gainst proposal | | | |
| 1.C.A 111.1.1.1.1.1.1 | eneral comments | | | |
| Business or Organization Affiliation: 19th Street Arts Ctr Culti | MAL AFFAIRS | | | |
| Address: 1639 18th Street, SANTA MINICA CA 909 | 104 GRANTS | | | |
| Business phone: (3(0) 453-3711 Representing: SAME ABOVE | | | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: Phone #: | | | | |
| Client Address: Street City State Zip | 1 | | | |
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Date 12010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 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: Address: Street City Representing: Sawe Atowse

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

Client Name:

Client Address:

| CITY OF LOS ANGELES SPEAKER CARD | 79 |
|---|----|
| 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 Budget Grant Frankl 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: David Guzman () Against proposal (X) General comments | |
| Business or Organization Affiliation: Mission Hills Northword Council | |
| Address: 1/454 Lawel Canyon Blok 1/15 Sien Hells, CA-CAGA | - |
| Business phone: 218-455-736/ Representing: | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | |
| Client Name: | |
| Client Address: Street City State Zip | • |
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| CITY OF LOS | S ANGELES SPEAKER | CARD (1) S/5 |
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| I wish to speak before the | ency, Department, Committee or | Council |
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Client Address: _