CITY OF LOS ANGELES SPEAKE	ER CARD	10-5/59
Date 2 (10/10	Age	anda Item
Twish to speak before theBoard of Public Works	*	The state of the s
Do you wish to provide general public comment, or to speak for or against a proposame:	osal on the agenda? (	) For proposal ) Against proposal General comments
Business or Organization Affiliation:  Address: 1370 MANINA POINT HATTE MARINA Del 1  Street City		<u> </u>
Address: 13700 MANINA YOUND DO 1	y Col	9079Z
Street City  Business phone: (3/6) 8/2-0/35 Representing:	State	Zip /
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORM	MATION 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 office	cer or chairperson.

Date 3 - 16 - 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		genda Item, or Case No.
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	al public comment, or to speak for or against a pro		For proposal     Against proposal     General comments
Business or Organization Affili	ation:	-	
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		( ) Against proposal
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Date 2-16-10	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	S OF	No., Agenda Item, or Case No.
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Name:	Doug Epperhant		( ) Against proposal ( ) General comments
Business or Organization Af	fillation: Budget L		
Address:	1206 W 37K & 9	P 9073	
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Business or Organization Affiliation: 13  Address: 90/135	Howles Ca-a	6. D.	
Street	City	71 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	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
FEB. 16, 2010	DECORUM WILL BE ENFORCED.	09-0600-5159-1tem#2
I wish to speak before the _ EDI	ICATION & NEIGHBORHOODS COMMITTE	:E
	Name of City Agency, Department, Committee or	
Do you wish to provide general pr	ublic comment, or to speak for or against a proposa	
Name: MARK REDIC	K	( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: <u>DEL REY NEIGHBORHOOD COUNC</u>	<u></u>
Address: /2060 CULVER	BOULEVARD #3, LOS ANGELES, CA.	90066 State Zip
	Representing: <u>DEL DEV NEWWORTH</u>	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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

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2-16-2010	THE CITY COUNCIL'S F	IULES OF		ilida item, or Case No.
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Business or Organization Affiliation	". HARBOR GAT.	way NOR?	THNG	
Address: 66/60.	120 d st 605	ANGELE	C* G State	90096.
Business phone: 3232777-19	• •			•
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	blic comment, or to speak for or against a prop	oosal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
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Name: Chris Ro	terren er en	( ) Against proposal ( ) General comments
Business or Organization Affiliation:		
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	al public comment, or to speak for or against a proj	posal on the agenda?	( ) For proposal ( ) Against proposal
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CITY OF LOS ANGELES SPEAKER CARD 155	1 4 W
Date 2/16/2010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Council File No., Agenda Item, or Case No.	
I wish to speak before the Agasteeuro ENN Cammuttee	
Name of City Agency, Department, Committee or Council	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal	
Name: () General comment	3
Business or Organization Affiliation: Walda Hall North //	
Address: 17943 Mayorlen St Chynada Hills At 91344	٠.
Street City State Zip  Business phone: Representing:	•
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: Phone #:	
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I wish to speak before the	SAN COMM Name of City Agency, Department, Comm		*
Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agenda	
Name: MKE	O'GARA	Marine San	<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
	on: SUN VAlley AREA	Neighborhood	Council
	16A AVE Sus Valle	cy GA	91352
Street	676 Representing:	· State	Zip
	PAID SPEAKER AND PROVIDE CLIEN		ow:
Client Name:		F	Phone #:
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Name: Glenn Bailey		<u> </u>	Against proposal General comments
Business or Organization Affiliation:	NC		
Address: PD Box 19173	Encom	CA	914/
Business phone: 8/8-453-3407 Representing	City	Ståte	Zip
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	and the control of th		and the second second	st a proposal on the agend	
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Date 2/16/20/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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	public comment, or to speak for or against a	
Name: Chris R	<i>objection</i>	( ) Against proposal ( ) General comments
Business or Organization Affilia	ution: WHNC	
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	Troprodorang.	T INFORMATION BELOW:

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Date 2/16/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	E+N Commutes  Name of City Agency, Department, Committee of	or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	
Name: Temy Elle	n Robinson on: Palms NC	( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: Palms NC	
1	midvale Ave LA	CA 90024 State Zip
Business phone: <u>310,202</u> ,	(a-130) Representing: Palms No	
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Client Name:		Phone #:
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I wish to speak before the EDUCATION AND NEI	GHBRHODS COMMITTEE
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Do you wish to provide general public comment, or to speak for or again	nst a proposal on the agenda? ( ) For proposal
Name: GENERAL JEFF	( ) Against proposal ( ) General comments
Business or Organization Affiliation: 1551	MES AND SOLUTIONS
Address: 1636 WILCOX AVE #934 HO	Lynas CA 90038:
Business phone: 33445.0733 Representing: 5415	ROW COMMUNITY
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE C	` — — <i>*</i>
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 2/16/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	enda Item, or Case No.
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Street	City	State	Zip

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Date 2-16-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council
	public comment, or to speak for or against a prop	
Name: ROBERT	GELFAND	( ) Against proposal ( ) General comments
Business or Organization Affilia		
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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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Do you wish to provide general p	ublic comment, or to speak for or against a propo	osal on the agenda? ( ) For proposal
Name: Mike	Newbouse	(X) Against proposal ( ) General comments
Business or Organization Affiliation		
Address:		
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CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
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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 2/15/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	000000000000000000000000000000000000000	
I wish to speak before the	Name of City Agency, Department, Committee	
Do you wish to provide general pu	ublic comment, or to speak for or against a prop	
Name: STEMIEN	XIVIGHT	(x) Against proposal ( ) General comments
Business or Organization Affiliation	n: 1861 REY AM 16/1/30	ALON COUNCIL
Address: 12826 Street	ORY AU LA CO	9 006 ( State Zip
0001	Representing: Dof REY	
	PAID SPEAKER AND PROVIDE CLIENT IN	
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 CO	OUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.	
	/ILL BE ENFORCED.		
			14. f.
I wish to speak before the Edweathin 9	Neighborh	Gods Committee	
	y, Department, Comm		-
Do you wish to provide general public comment, or to s	speak for or against a		
Name: Glenn Bailey	SU	Against proposal  ( ) General comment	is
Business or Organization Affiliation:	to NO	instear rollove,	
Address: PD Box 19/72	Eh Cilia	CA 9146	-
Business phone: 818-453-3407 Represent	ting:	State Zip	· · · ·
CHECK HERE IF YOU ARE A PAID SPEAKER AN	ND PROVIDE CLIEN	IT 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.

February 16,2010	THE CITY COUNCIL'S RULES O		Agenda Item, or Case No. O-9157#3
I wish to speak before the	lucation and Neighborhoods		and \$5)
	Name of City Agency, Department, Con	imittee or Council	
Do you wish to provide general p Name: <u> </u>	public comment, or to speak for or against	a proposal on the agenda?	For proposal     Against proposal     General comments
Business or Organization Affiliati	ion: Panarama City Neigh	borhood Counc	al
Address: 8/33 Ha	zeltne Ave, Panorai	ma Cotx CA	71402
Street Business phone 8 8 785-93	) City	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW	<b>/:</b>
Client Name:		Pho	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 THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.					
DECORUM WILL BE ENFORCED.						
I wish to speak before the Edd Neyl borker, Con at	tte					
Name of City Agency, Department, Committee or Co						
Do you wish to provide general public comment, or to speak for or against a proposal of Name: Suc De Vandra.  Business or Organization Affiliation:	n the agenda? ( (	) For proposal ) Against proposal ) General comments				
Business or Organization Affiliation:						
Address: 17530 Mayerly St. GH 914	344					
Business phone: Representing:	State	Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:	Phon	e #:				
Client Address: City	State	Zip				

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

Date 2/10/10	THE CITY COUNC DECORUM WILL E		The second second	Council File N	No., Agenda Item, or Case No.
I wish to speak before the	Rame of City Agency, De	partment, Com	mittee or C	ouncil	
Do you wish to provide general		for or against	a proposal	on the agenc	
Name: / UEC WE	vs Silliani di li				( ) Against proposal ( ) General comments
Business or Organization Affilia	ation:				
Address: 13 00 MAN/N	A PaiNHE & T. #5/2	Maur d	W A	$\omega$	2000
Business phone: (3(1) 822	Representing:	City	/	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PI	ROVIDE CLIE	NT INFORI	MATION BEI	_ow:
Client Name:					Phone #:
Client Address:		**************************************	N		·
Street		City		State	Zip

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

Date Z / 1 lo	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agend	la Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general	al public comment, or to speak for or against a prop	( )	For proposal Against proposal General comments
Business or Organization Affili	ation:		
Address: Street	City	State	<b>Z</b> ip
Business phone:	Representing:		······································
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Client Name:	Commence of the second of the	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 2/16/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
	public comment, or to speak for or against a propose	sal on the agenda?	<ul><li>( ) For proposal</li><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation	on:		
Address: Street	City	State	71
	Representing:		Zip
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Client Name:		Ph	none #:
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.

Andrew market			
Date -16-18	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO	LES OF	No., Agenda Item, or Case No.
I wish to speak before the	Education & Name of City Agency, Departmen		ods
Do you wish to provide gener	al public comment, or to speak for or a	gainst a proposal on the ager	nda? ( ) For proposal
	oug Epperha		( ) Against proposal ( ) General comments
Business or Organization Affil	iation:	aet LH	
Address: /2	CO West 3TH 3	\$ SP 9	0731
Street	City	State	Źip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BE	ELOW:
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 6 - 1 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	Educatron & Neighb Name of City Agency, Department, Committ	
Name: Glenn	public comment, or to speak for or against a pr	roposal on the agenda? ( ) For proposal Against proposal General comments
Business or Organization Affiliation Address: PD Box / Control Street	9/7222 Encono	State Zip
Business phone: 218-453	Representing:  A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:  Client Address:  Street	City	Phone #: State Zip
	<b>~</b> ,	mtp

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

Date 2//6/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	enda Item, or Case No.
I wish to speak before the	المرازي Name of City Agency, Department, Committee	or Council	4.5
	public comment, or to speak for or against a propo		) For proposal ) Against proposal ) General comments
Business or Organization Affilia	e tion: <u>ωμνς</u>		
Address:Street			
	City  Representing:	State	Zip
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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.

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Date THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
DECORUM WILL BE ENFORCED.	
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	on the agenda? ( ) For proposal
Name:	( ) Against-proposal ( ) General comments
Business or Organization Affiliation:	IOV
Address: Street Street	har fact /A
Business phone: Representing:	State
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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.

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 ( ) General comments  Business or Organization Affiliation:  Address:   1206   West 37th   A   San   Edvo   A   9073    Street   City   State   Zip    Business phone:   Representing:		医克克利氏大学医腹腔管医阴炎 医二种原因	
I wish to speak before the		THE CITY COUNCIL'S RULES OF	
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:  Address:    1206   West 37th   A   San   Edvo   A   9073     Street   City   State   Zip   Zip   City   C	4 14-10	DECORUM WILL BE ENFORCED.	1237
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:  Address:    1206   West 37th   A   San   Edvo   A   9073     Street   City   State   Zip   Zip   City   C	Lwish to speak hefore the	Education and Neight	bo-hanks
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: LANCC   Budget LA	I wish to speak before the	Name of City Agency Department Committee of	or Council
Name: Doug Epperhart (*) Against proposal (*) General comments  Business or Organization Affiliation: LANCC   Budget   A  Address:   206 West 37th		ramo of only regardly, beparamorn, communes c	N Courion
Name: Doug Epperhart (*) Against proposal (*) General comments  Business or Organization Affiliation: LANCC   Budget   A  Address:   206 West 37th	Do you wish to provide general r	public comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal
Address: 1206 West 37th A San Codro A 9073/ Street City State Zip  Representing:	Adjammeg bearings and a section	May the state of t	( ) Against proposal
Business phone: Representing:			t LA
Business phone: Representing:	Address: 1206	West 37th of San Cac	ho A 9073/
			State Zip.
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	Susiness phone:	Representing:	
	CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:Phone #:	Client Name:		Phone #:
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Street City State Zip		City	State Zip

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

Date  Council's Rules of DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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$=$ $\mathcal{L}_{\mathcal{N}}$	09-0600-5159
I wish to speak before the	
Name of City Agency, Department, Committee or C	ouncil
Do you wish to provide general public comment, or to speak for or against a proposal	on the agenda? ( ) For proposal
- DC VISOM ON	on the agenda? ( ) For proposal
Name:	( ) General comments
Business or Organization Affiliation:	
Address:	
Street City	State Zip
Business phone: Representing:	
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CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORI	MATION BELOW:
Client Name:	Phone #:
Client Address:	
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date THE CITY	COUNCIL'S RULES	OF Council File No	Agenda Item, or Case No.
DECORUI	M WILL BE ENFORCE	$[D, \lfloor 1/\sqrt{2}, \rfloor]$	, 1, 5
I wish to speak before the <u>EDucak</u>			Committee
Name of City Ag	jency, Department, Co	mmittee or Council	
Do you wish to provide general public comment, or		t a proposal on the agenda	? ( ) For proposal ( ) Against proposal
Name: Heinrich V. Ked	RT.		( ) General comments
Business or Organization Affiliation: HHPN		Y Support	Judget LA
Address: 530 N. AUL: 5	3 (A	CA+ 3004 P2	ositoons
Business phone: 323 385-4735 Repres	senting:	Giale	2.ib
CHECK HERE IF YOU ARE A PAID SPEAKER	AND PROVIDE CLI	ENT INFORMATION BELO	ow:
Client Name:		·	Phone #:
Client Address:		and it	
Street	City	State	Zip

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

Date 2-16-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the $\_$	JUD. Q NEIGHBORHOOD	<del></del>
	Name of City Agency, Department, Committ	tee or Council
	public comment, or to speak for or against a pr	roposal on the agenda? ( ) For proposal ( ) Against proposal
Name: JAVID	LEVINE	( ) General comments
	ion: NEIGHBORHOOD COU	NCLS
Address: 9845 /		CA 90032
Street Street	Representing: SELF	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		7.

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

Date 2/16/10	THE CITY COUNCIL'S RU DECORUM WILL BE ENFO	LES OF	ouncil File No., Agend	da Item, or Case No.
I wish to speak before the	Name of City Agency, Departmen	nt Committee or Coun	oil	
Do you wish to provide gene	ral public comment, or to speak for or a			For proposal Against proposal General comments
Business or Organization Aff	filiation: WEST WILL	s NC		
Address: Street	City	· · · · · · · · · · · · · · · · · · ·	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMAT	ION 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.

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	
Do you wish to provide general public comment, or to speak for or against a proposal of	n the agenda? ( ) For proposal ( ) Against proposal
Name: Charles Lindenblatt	(>) General comments
Business or Organization Affiliation: Mid Citylest Community	Council - Speaking to
Address: 8250 W. Blackburn A. # 6 LA	CA TOOTO
Address: 8250 W. Blackburn A. # 6 LA  Street Business phone: 23-360-2680  Representing: my 50 If	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORM	ATION BELOW:
Client Name:	Phone #:
Client Address:	ţ.
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. 16, 2010	THE CITY COUNCIL'		Council File No.,	Agenda Item, or Case	No.
I wish to speak before the <u>E</u> N	Name of City Agency, Depa	rtment, Committee or	Council		
Do you wish to provide general put Name: $\sqrt{QN}$	S. A.	or or against a propose	al on the agenda?	( ) For proposal ( ) Against propos ( ) General comm	
Business or Organization Affiliation Address:	elus Blod.	Venice	CA	90291	
Business phone:	Representing:	ity .	State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFO	RMATION BELOV	v:	
Client Name:			Ph	one #:	
Street	Ci	ty	State	Zip	

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

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the PAR COMMITTEE  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: $\frac{M1KE}{OGARA}$	on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation: Syw Valley Area Nej	shborhood Couverl
Address: 9301 CAYUGA AVE SUN VAlley  Street  Business phone: 818-7676766 Representing: Myself	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:	Phone #:
Client Address: City	State Zip

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

	CITY COUNCIL'S RULES OF PRUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 0 9.0 600. \$159#1-5
I wish to speak before the <u>EduCa 11097</u> Name of City	Huigh Och koods V Agency, Department, Committee or	Council
Do you wish to provide general public commen	t, or to speak for or against a proposa	al on the agenda? ( ) For proposal ( ) Against proposal
Name: DetDora / puasion	Burke	General comments
Business or Organization Affiliation: Stud	io City Heighborhood	Careacel
Address: 4223 Milkins	on Avenue Sti	ideo City CA 91604
Business phone: \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	epresenting: Splanag	DU SOUCH
CHECK HERE IF YOU ARE A PAID SPEAK		RMATION BELOW:
Client Name:		Phone #:
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2 10 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 WHARL MARKET WARREN TO STATE OF COLUMN ASSESSMENT OF THE STATE OF THE	DUCA:	TION & NEIGHBOR
Do you wish to provide general public comment, or to speak for or against a proposal or Name:	the agen	da? ( ) For proposal ( ) Against proposal ( General comments
Business or Organization Affiliation: STUDIO CITY N.C. S	SAKE	EHOLDER
Address: Street City	State	Zip
Business phone: Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMA	ATION BE	LOW:
Client Name:		Phone #:
Client Address: Street City	State	Zip

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

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Jebruan 16, 2010	THE CITY COUNCIL'S RULES ( DECORUM WILL BE ENFORCE	) - /	lo., Agenda Item, or Case No.
I wish to speak before the	ne of City Agency, Department, Co		mitte
Do you wish to provide general public	comment, or to speak for or agains	t a proposal on the agenc	
Name: Wale H	heter ,		( ) Against proposal ( ) General comments
Business or Organization Affiliation:	Koicos 27 90037	NC	
Address: 4060 Street	riesous Sp	State	7003 7 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLI	ENT INFORMATION BEI	LOW:
Client Name:		· · · · · · · · · · · · · · · · · · ·	Phone #:
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Date ) //	THE CITY COUNC	II'S BIII ES OF	Council File No.	, Agenda Item, or Ca	ase No.
0'/6/10	DECORUM WILL E	ta in a second of the second o	10	how 5	
I wish to speak before the					
	Name of City Agency, De	partment, Committee	or Council		, Arra Segr
Do you wish to provide general p		for or against a propo	osal on the agenda	( ) Against pro	posal
Name: Mena	1 / oya	······································		( ) General co	
Business or Organization Affiliat	ion: STA	ve 44	Bucker	LA Te	and the
Address:					
Street  Business phone:   8/8-5/63	3-1967 Representing:	City	State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PI	ROVIDE CLIENT INF	ORMATION BELC	)W:	
Client Name:			<u></u> _F	hone #:	
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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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Date // /_ O		THE CITY CO	UNCIL'S RULE	SOF	Council File No., A	genda Item, or Case N	lo.
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I wish to speak bet		<u> </u>	COMM	, 1/8	2/2/2		
		Name of City Agenc	y, Department,	Committee or Co	uncil		
Do you wish to pro	ovide general pu	dlic comment, or to s	peak for or aga	inst a proposal o	n the agenda?		al.
Name:	ous Kl	Dokaver_	-f-F0/	BURGET		( ) Against proposa ( ) General comme	
Business or Organ	ization Affiliatior	ENC	- Andrews	5			
Address:			Agrico	And the state of t			
	Street	OALLO	City		State	Zip.	
Business phone:	<u>. `</u> .	Represent	ing:				1 9
CHECK HERE IF	YOU ARE A I	PAID SPEAKER AN	ID PROVIDE C	CLIENT INFORM	ATION BELOW	<b>7:</b>	
Client Name:					Pho	one #:	· · · · · · · · · · · · · · · · · · ·
Client Address:			· · · · · · · · · · · · · · · · · · ·	v de la companya de l			·
***************************************	Street	-	City		State	Zip	
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Date 2-/6-20/0	THE CITY COUNCIL		Council File No., Agenda Iter	n, or Case No.
I wish to speak before the	ducutar JNe	ghborhoels	Consittee	
	Name of City Agency, Dep	artment, Committe	ee or Council FOR B	UNGETTAL
Do you wish to provide general p	public comment, or to speak t	or or against a pro	pposal on the agenda? Forg	nst proposal ()
Name: SHARON CON			( ) Gen	eral comments
Business or Organization Affiliati	on: MAR UISTA	COMMUN	VITY COUNCIL	
Address: 3690 (4	LADE L	4-	90066	
Business phone: Street	-2644 Representing:	Dity	State Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	OVIDE CLIENT II	NFORMATION BELOW:	
Client Name:		. ,	Phone #:	
Client Address:				and the second s
Street		Dity	State Zip	

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

Date 2 - 16 - 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	Name of City Agency, Department, Committee	e or Council
Do you wish to provide general p	public comment, or to speak for or against a prop	posal on the agenda? ( ) For proposal
Name: LEONARD I	SHAFFER	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: Los ANGIEZES MEIGHB	PORHOOD COCKER CALITICA
Address: Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date	Till 0171/ 001121/	NIO DIU EO OE	Council Fil	e No., Agenda Item, or Case No.
2.16.10	THE CITY COUNC		101	The state of the s
	DECORUM WILL	BE ENFORCED.	a all	21 leno
			In de	sport of all
	6 10		and in the same of	B 1275
I wish to speak before the	C ID	lo-mm	(Mule)	12 level Prepare
	Name of City Agency, De	epartment Comm	ittee or Council	The state of the s
	rumo or only magney, De	paramont, comm	, and the country of	
Do you wish to provide general	public comment, or to spea	k for or against a	proposal on the age	nda? (一) For proposal
		or or againer a	highada. oii tiid aga	( ) Against proposal
Name: Mary You	Cla			( ) General comments
		1 11-	11	
Business or Organization Affiliat	ion: Min Tourn	March Lan	Hunsed IA	) (
de -	Dil	Mill a		
Address: All All All	always Blod,	10.14 (2	4 7 (-60)	
Street	· · · · · · · · · · · · · · · · · · ·	City ,	State	Zip
Business phone:	Representing:			
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Client Name:			<u> </u>	Phone #:
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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.

I wish to speak before the    Name of City Agency, Department, Committee or Council	Date 10, 10	THE CITY COUNC		Council File No	., Agenda Item, or Case No
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? ( ) Against proposal ( ) Against proposal ( ) Against proposal ( ) General comments  Business or Organization Affiliation:  Street  Street  City  State  Zip  Business phone:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:	I wish to speak before the	EXM Com	11) The land		
Name:		Name of City Agency, De	partment, Committee o	or Council	
Address:  Street  Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:	Name: 1 interest	Back - Chill	A A = A	osal on the agenda	( ) Against proposal
Address:  Street  Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:	Business or Organization Affil	iation: Children 162	alder hard	Various	
Business phone:			7		710
Client Name: Phone #:		11 March Commission of the Com		State	ΖΙΡ
Client Address:	CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PI	ROVIDE CLIENT INF	ORMATION BELO	ow:
Client Address:	Client Name:				Phone #:
	Client Address:				No.

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

Date 2-16-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	EDUCATION & NEIGHBU	
	Name of City Agency, Department, Committee of	r Council
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? ( ) For proposal ( ) Against proposal
Name: DAMIEN	GOODMON	( ) General comments
	ion: Empawsement CONGRESS	
Address: 376   576	ESR St 573 168 LA City	1A 90008
	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address: Street		
Street	City	State Zip

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Date THE CITY COU	NCIL'S RULES OF	Council File No., Agen	da Item, or Case No.
2-16-10 DECORUM WIL	L BE ENFORCED.	1-5	
Lwish to speak before the FFA CA Mana	nitle_		
I wish to speak before the Name of City Agency	Department, Committee or C	ouncil	Α _ Λ
wante of Oity Agency,	Department, Committee of C	Ourion Nothern	RIONORT
Do you wish to provide general public comment, or to spe	eak for or against a proposal	on the agenda?-(*)	
Name: Cyndi Hench		( )	Agains proposal General comments
Business or Organization Affiliation: NCWP			XODOZOZ.
Address: 1343 Dunbartan A	VL LA	State	5
Business phone 3 16 77 96 106 Representing	g:	Sidle	- Sih
CHECK HERE IF YOU ARE A PAID SPEAKER AND	PROVIDE CLIENT INFORM	MATION 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 THE CITY C	OUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
	WILL BE ENFORCED.	1,2,3,4+65
I wish to speak before the L.A. C.T.	1. COUNCIL	
Name of City Agen	icy, Department, Committee o	r Council
Do you wish to provide general public comment, or to Name: SINIMOA		sal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Name: UNN SIMMON		( ) General comments
Business or Organization Affiliation: WAN	10	
Address: 34/6 REDONDO Street	BL LA.	900/6 State Zip
Business phone 939939-9735 Represer		
CHECK HERE IF YOU ARE A PAID SPEAKER A	AND PROVIDE CLIENT INFO	PRMATION 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.

1 // / 12 /	DUNCIL'S RULES OF VILL BE ENFORCED.	Council File No., Agenda	Item, or Case No.
I wish to speak before the			
Name of City Agend	cy, Department, Committee or	Council	
Do you wish to provide general public comment, or to some series of the		]	or proposal Igainst proposal General comments
Business or Organization Affiliation:			
Address: 2/25 C. 2000	Jan Caro	<u> </u>	19/
Business phone: Represen		State	(P) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
CHECK HERE IF YOU ARE A PAID SPEAKER A	ND PROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:		Phone #	
Client Address:			
Street	City	State Zi	ip .

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

Date 2010	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	
	Name of City Agency, Department, Committee or	r Council
. <b>∤</b>	public comment, or to speak for or against a propos	( ) Against proposal
Name: HELENE	THIDAN	( ) General comments
Business or Organization Affiliati	ion: OLYMPIC PARK NEIGHBORHO	OD COUNCIL
Address:	O.G.	FOR BUDGETLA
Business phone: 323.842	City  4398 Representing:	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:	7.24	Charles 77:
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////	THE CITY COUNCIL'S RULES C	The state of the s
0/16/10	DECORUM WILL BE ENFORCE	D. [1101717.3]
I wish to speak before the $\frac{\mathcal{E} + \mathcal{E}}{\mathcal{E}}$		
Na	rme of City Agency, Department, Con	nmittee or Council
Do you wish to provide general public		t a proposal on the agenda? ( ) For proposal ( ) Against proposal
Name: Sue DeVan	dra	( ) General comments
Business or Organization Affiliation:	11111	North Neighborhood Corese
Address: 17530 Mayer	Granadi	Hills GA 9/344
Business phone:	City  Bepresenting:	Stafe Zip *
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:
Client Name:	TITOV	Brudsul H Phone #:
Client Address:	1	10005al
Street	City	State Zip
Please see reverse of card for im	portant information and submit this e	entire card to the presiding officer or chairperson.

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Date 2/16/10	THE CITY COUNCIL'S R DECORUM WILL BE EN	ULES OF / n	File No., Agenda Item, or Case No.
I wish to speak before the $\underline{\mathcal{E}}^{$	N Committee		
n in the second of the second	ame of City Agency, Departme	ent, Committee or Council	
Do you wish to provide general publiname: Amus Lewis			genda? For proposal Against proposal Against comments
Name: Agrees Lewis  Business or Organization Affiliation:	Granada Hills No	ent N.C.	
Address: 17943 Mayerl Street	ing St, Grymada	_ Hi //S	91344
Business phone:	V	- You	
CHECK HERE IF YOU ARE A PA	,	E CLIENT-INFORMATION	BELOW:
Client Name:	hr Bru	doct LAC	Phone #:
Client Address:	/ NWO	POSL     State	Zip
Please see reverse of card for in	nportant information and subm	nit this entire card to the pres	

Date 2/16/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $1/2/3/4/5$	Manage of the Control
I wish to speak before the	E + N Commuttee  Name of City Agency, Department, Committee o	or Council	
Do you wish to provide genera	al public comment, or to speak for or against a propo		
Name: Leon Ma	wzillieu	( ) General commen	
Business or Organization Affili	iation: Granada Hills North	2 Nextborhood lover	<u>e</u> l
Address: 16303 Mu	dwood Dr. Granada Wills	9/344 State Zip	
Business phone:	Representing:	/ .	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	PRMATION BELOW:	
Client Name:	- $10'$ $1$	# Phone #:	***
Client Address:Street	City Has	Olf State Zip	<del></del>
Please see reverse of car	d for important information and submit this entire car	rd to the presiding officer or chairnerson	1.0

Date 2 - //6 - //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	E Y A Om m H He  Name of City Agency, Department, Committee	e or Council
Do you wish to provide general	public comment, or to speak for or against a pro	
Name: Kim M.6	$\eta \rho son$	( ) Against proposal ( ) General comments
Business or Organization Affilia	ition:	,
Address: 17345 7	enry son Pl Granada	State / Zip.
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:	TRUK-ALHI	Phone #:
Client Address:	1 h W g	
Street	30000	State Zip
Please see reverse of card	for important information and submit this entire of	eard to the preciding officer or chairnerson