	CITY OF LOS ANGELES	SPEAKER CARD	09-1554
Date 7Dec 10	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	:S OF	ile No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, O	Complete or Council	
	al public comment, or to speak for or aga		(★ Against proposal
Name:		SicraCla	16- Mater Comto
Address:Street	City	4/15 Barro	HRJ 1490032
Business phone:	Representing:	SC-11	) C
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION B	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 12/7/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	TY OF LA ENEVIY & ENVIVONME Warne of City Agency, Department, Committee	ent Committee		
Do you wish to provide general p	oublic comment, or to speak for or against a pro	oposal on the agenda? (V) For proposal  ( ) Against proposal		
Name: Debovan Wax	istein	( ) General comments		
Business or Organization Affiliati	ion: Tree People			
	rolland Drive, Beverly Hills	, CA 90216		
Business phone: 818-1023-	1887 Representing: Tree Reople	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.

	CITY OF LOS	ANGELES SPEA	KER CARD		
Date 12/1/10	1	COUNCIL'S RULES OF WILL BE ENFORCED.	Counc	cil File No., Agenda Item, or Case No.	
I wish to speak before the	EEC Name of City Ago	ncy, Department, Commi	ttoo or Council		
Do you wish to provide general p	public comment, or to	o speak for or against a p		( ) Against proposal	. • •
Name: Companization Affiliat	BEZGO		<del></del>	( ) General comment	S
Address: Street			CA		
Street  Business phone: 3/0 503	32 <i>98</i> Represe	enting: SMB	Star RC	ite Zip	
CHECK HERE IF YOU ARE A				N 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

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Street

Date 12/7/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	.   1	ncil File No., Agei # 4	nda Item, or Case No.
I wish to speak before theE	Name of City Agency, Department, Comr	nittee or Counci		
Name: Anh : Nguye	bublic comment, or to speak for or against a	proposal on the	e agenda? (	) For proposal ) Against proposal ) General comments
Business or Organization Affiliation	on: <u>Central City Associa</u> e Blvd. #200 Los Angelo	tion	cA	90017
Business phone: 213 624		S	tate	Zip
	PAID SPEAKER AND PROVIDE CHEN	T INFORMATIO	N BELOW:	1
Client Name:	ne as above		Phone	e #:
Client Address:Street	City	S	tate	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 (1)	THE CITY COUNCIL'S RULES O	F Council File No., A	genda Item, or Case No.
12///	DECORUM WILL BE ENFORCE	<b>D.</b>	
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	n # 4		
N	lame of City Agency, Department, Com	imittee or Council	
Do you wish to provide general publi	iccomment, or to speak for or against	a proposal on the agenda?	( ) For proposal
. ,	io opean ior or against	a propodar on the agonda.	( ) Against proposal
Name: RAUL ANORVE			( ) General comments
Business or Organization Affiliation:	IJERSCA		
Address: 1565 (v ·	1974. ST. L. 4 52 Representing: X 0 = P5	CA	90015
Street	City	State	Zip
Business phone: <u>2/3 -252-294</u>	<u> </u>	ICA - INSTITUTE of	Popular Educatio
		•	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIEI	NT INFORMATION BELOW	:
Client Name:		Pho	one #:
Client Address:			
Street	City	State	<b>Z</b> ip

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

Date 12/7//0	THE CITY COUNC			Council File No.,	Agenda Item, or Case No.
I wish to speak before the	モダE Name of City Agency, De	partment, Commit	itee or Cou	ıncil	
Do you wish to provide general p		c for or against a p	roposal on	the agenda?	( ) For proposal     ( ) Against proposal     ( ) General comments
Business or Organization Affiliat		DIRECTOR	of W	ATER RE	SOURCES
Address: /// N, HopE	57. LA 90012	City		State	Zip
Business phone: 213-367-	-0873 Representing:	<del>\</del>		:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				Pl	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.

CIT	TY OF LOS ANGELES SPEAKER	CARD
Date 7 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theNa	ame of City Agency, Department, Committee or	Empenment Council
Do you wish to provide general public	c comment, or to speak for or against a proposa	I on the agenda? ( ) For proposal  Against proposal  ( ) General comments
Business or Organization Affiliation:	MCA	
Address: 572 Vo	an Nuys Blud	Sherman Oaks
Business phone: Steel 817/2	Representing:	State 97403
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFOR	RMATION 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

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Street

Date 12/7/10	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCEI		e No., Agenda Item, or Case No.	
I wish to speak before the	Energy & Environment, Com	mmut Co	mmittee_	
Do you wish to provide general	public comment, or to speak for or against	a proposal on the age	nda? ( ) For proposal ( ) Against proposal	
Name: OSAMA	YOUNAN	· · · · · · · · · · · · · · · · · · ·	( ) General comments	
Business or Organization Affiliat	ion: LA Building	of Sadeby		
Street	Chy	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:	City	State	Zip	
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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.
12-1-10	DECORUM WILL BE ENFORCED.	Harris Garage
I wish to speak before the	Name of City Agency, Department, Committee	or Council
	public comment, or to speak for or against a propo	
Name: JASUN	ECIAS	( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: SEIX 721	
Address:		
Business phone: Street	60 Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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

Date 12.7.10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		No., Agenda Item, or Case No.		
I wish to speak before the	Name of Oity Agency, Department, Com				
Daimola Bai	oublic comment, or to speak for or against a		ida? For proposal  ( ) Against proposal ( ) General comments		
Business or Organization Affiliation	ion: 63, The Green Gara	lens Group	Goodh		
Street	Mock Rd KA	State	·Zip		
Business phone: 3108638298 Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE SLIENT INFORMATION BELOW:					
Client Name:		7	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 12-7-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	EFE	
	Name of City Agency, Department, Committee	e or Council
	ublic comment, or to speak for or against a pro	posal on the agenda? ( ) For proposal ( ) Against proposal
Name: Paul	11362009	( ) General comments
Business or Organization Affiliation	on: Surfrider Founda	tin
Address:		
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:
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 12/7/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.				
I wish to speak before the Energy+Eavionmond Comm.						
	Name of City Abency, Department, Committee	or Council				
, , , , , ,	public somment, or to speak for or against a prop					
Name: Walnu		( ) Against proposal ( ) General comments				
Business or Organization Affiliation:						
Address:						
Street	City	State Zip				
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
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Date 12-7-10	THE CITY COUNC		Council File No	., Agenda Item, or Case No.
I wish to speak before the	EEC Name of City Agency, De	epartment, Committe	e or Council	
Do you wish to provide general p	public comment, or to speal	k for or against a pro	posal on the agenda	
Name: Mark	GO 18			( ) Against proposal     ( ) General comments
Business or Organization Affiliat		- Bay	Albania da de Caracina de Cara	
Address: 1444	gen St. S	setce Mon	State	90401
Address: $\frac{1444}{\text{Street}}$ Business phone: $\frac{310-451}{\text{Street}}$	Representing:	City Head the 1	State	Zip .
CHECK HERE IF YOU ARE A			IFORMATION 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.

NOTE: THIS IS A PUBLIC DOCUMENT.

				<u>di nampi endinak arpakuat la etjetit ili ali</u>
Date 12/11/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Council File	No., Agenda Item, or Case No.
I wish to speak before the	SEC Name of City Agency, Department, Committ	ee or Cou	ıncil	
Do you wish to provide general p	oublic comment, or to speak for or against a pr	oposal or	the agen	da? ( For proposal
Name: Mon Sm	rith			( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: Civic & JERPRISC	was 1111 -		
Address: 400 M + Street		1	CA	90065
	Representing: Se (		State	Zip
V.	PAID SPEAKER AND PROVIDE CLIENT I	INFORM <i>A</i>	ATION BE	LOW:
Client Name:				Phone #:
Client Address:			01-1-	
Street	City		State	Zip

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

Date /2/7/10	THE CITY COUNCIL'S RULE		Council File No.,	Agenda Item, or Case No.
12/1/10	DECORUM WILL BE ENFOR	CED.	<b>4</b> 1	
	4. 1. 4	Sweetta 0		
I wish to speak before the	4 FENNMENT C	ommiuco		
Na	me of City Agency, Department,	Committee or (	Council	
Do you wish to provide general public	comment, or to speak for or aga	inst a proposa	I on the agenda?	
Name: Stephanie Taylor				Against proposal     General comments
Business or Organization Affiliation: _	green LA Coality	n`		
Address: 1000 N. Mame	La St. Lossing	des	CA	90012
Address: 1000 N. Mare & Street 213 346 Business phone: 213 346	3284 Representing:		State	Zip
CHECK HERE IF YOU ARE A PAI		LIENT INFOR	RMATION BELOW	V:
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.

Date 12/7/10	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	egional Water  Name of City Agency, Department,		ıncil
Do you wish to provide general	Sublic comment, or to speak for or ag	ainst a proposal on	the agenda? (X) For proposal
Name: Samuel	Orger		( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: Regional W	nter Boo	end-California
Address: 320 W.			4 90013
Street  Business phone (23) 576-	4th St. Los And City St. St. St. City S	ete of Co	State Zip Wornia
	A PAID SPEAKER AND PROVIDE (	1	TION 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 12-7-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	ame of City Agency, Department, Committee	e or Council
Do you wish to provide general public	c comment, or to speak for or against a prop	oosal on the agenda? ( ) For proposal
Name: Tom	Stout	( ) Against proposal ( ) General comments
	Stora LANDSLAPE D.	55 KW
Address: /2405		CA 90866 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
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Date	THE CITY COUNCIL'S RULE	ES OF Council F	ile No., Agenda Item, or Case No.
12-7-10	DECORUM WILL BE ENFOR	RCED.	Ч
	'		:
I wish to speak before the	ENERGY - ENVIRONM	ONT COMMITT	225
	Name of City Agency, Department,	Committee or Council	
	public comment, or to speak for or aga	ainst a proposal on the ago	enda? ( ) For proposal ( ) Against proposal
Name: MUCHAEL	CEWIS \		General comments
Business or Organization Affiliat	ion: CONSTRUCTION XNOUS	STRY COACITION	ON WATER QUACIT
Address: Z149 E GARS Street	EY AVEN- #AII WEE	T GOVINA CA State	9/79/ Zip
Business phone: 626 858-			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION E	BELOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
30000	Olty	State	Σίμ

Date	THE CITY COUNC	II'S DIII ES OE	Council File No.	, Agenda Item, or Case No.
12/7/2010	DECORUM WILL I		09-1	554-#4
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I wish to speak before the	Name of City Agency, De	-GNVIVD		
\	Name of City Agency, De	partment, Committe	e or Council	
Do you wish to provide general p	ublic comment, or to speak	for or against a pro	posal on the agenda?	' ( + For proposal
	2 et z		:	Against proposal     General comments
Business or Organization Affiliation	on: REthink	Develop	ment	
Address: 8665 Ha	yden Pace	Culver (ity	CA	90232
Address: $\frac{8665}{\text{Street}}$ Hasiness phone: $\frac{370-253}{\text{Street}}$	-913/ Representing:	RETELLINE	State 	Zip
CHECK HERE IF YOU ARE A				w:
Client Name:			P	hone #:
Client Address:				
Street		City	State	Zip
Please see reverse of card for	or important information and	submit this entire c	ard to the presiding o	fficer or chairperson.

Date 12-7-11	THE CITY COUNCIL DECORUM WILL BE		.} .	lo., Agenda Item, or Case No. - 1559 サソ	
I wish to speak before the	Name of City Agency, Depa	artment, Committee or	ro no		
Do you wish to provide general p	public comment, or to speak for	or or against a proposa	on the agend	a? ( ) For proposal	
Name:	11 / Mr.d	WA	· .	( ) Against proposal ( ) General comments	
Business or Organization Affiliat	ion: AIA	Los Ange	les		
Address:Street	3780 WYSA	in #	PUD (	A Cip , 900/0	
Business phone: 213 634	7 o 777 Representing:	vity .	Sidie	Zih /	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		· · · · · · · · · · · · · · · · · · ·		Phone #:	
Client Address:Street	С	ity	State	Zip	
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Date 12/10	THE CITY COUNCIL'S RULES OF THE CITY COUNCIL'S RULES OF THE COUNCIL RULES OF THE RULES OF THE COUNCIL RULES OF THE COUNCIL RULES OF THE RULES OF THE RULES OF	OF U	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Con		
Do you wish to provide general	public comment, or to speak for or agains	t a proposal on the agend	da?()For proposal ( <del>L)Aga</del> inst proposal
Name: PETER HE	220		( ) General comments
Business or Organization Affiliat	ion: NACOP SOCAL		
Address:Street	,		<del></del>
Business phone: <u>(49-38</u>	0 - 3 3 o Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:	Cit	Chair	7
Street	City	State	Zip

Dec 7 20/0 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Council File No. Agenda Item, or Case No.
wish to speak before the ENVIVONMENT & COMM  Name of City Agency, Department, Committee or Council
o you wish to provide general public comment, or to speak for or against a proposal on the agenda?
ame: Ida Talala () Against proposal () General comments
usiness or Organization Affiliation: Echo Park TAP (TrashAbatemont)  ddress: POBOX 26110 AA CA BOO2(
usiness phone:  Representing: Echo Park TAP
HECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
lient Name: Phone #:
lient Address: Street City State Zip

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Date 12 1 1 2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.			
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council				
Do you wish to provide general p	public comment, or to speak for or against a pro		) For proposal ) Against proposal ) General comments			
Business or Organization Affiliation:						
Address: Street	city	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Phone	e #:			
Client Address:			<u></u>			
Street	City	State	Zip			

Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
127-16	DECORUM WILL BE ENFORCED.	09-1554
		1
Luich to anack before the	Energy & Environm	<del>-0</del>
I wish to speak before the	Name of City Agency, Department, Commi	ttee or Council
	August 1	
Do you wish to provide general p	public comment, or to speak for or against a p	
Name: Christy	her MSKINDONI	( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: MAR XISTA CO	no monte courie
Address: Street	66871 MAR XXSTA	State Zip
Business phone:		, ,
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

Date 12/1/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	E 上 E Co M W Name of City Agency, Department, Committee or G	Council
Do you wish to provide general	public comment, or to speak for or against a proposa	
Name: ED HU	VT	( ) Against proposal ( ) General comments
Business or Organization Affilia	tion: H G D N C	
Address: 49 25 Street /	W. MELROSE HILL	CA 9007.9
Business phone: 323/64	6678 Representing: HSDNC	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	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	o the presiding officer or chairperson.

Date 7/10	THE CITY COUNCI		Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	E & E Comp.  Name of City Agency, Dep		r Council	
Do you wish to provide general Name:	Castain		al on the agend	a? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation Address: 700 M. Alam Street  Business phone: 213-687-	eda St Yes	Angeles Sity	C A State	90012 Zip
Business phone: 213-687-				.ow:
Client Name:				Phone #:
Client Address:Street	(	Dity	State	Zip

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

Date 12/7/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	Vame of City Agency, Department, Comm	ittee or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal					
Name: Edward Be		( ) Against proposal (入) General comments			
Business or Organization Affiliation: LA \$6. Rivers Watershed Council					
Address: 700 Nr. A	Mameda SX Los Ang	relies CA STITI 90012			
Business phone: 2/3-229-		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 .	THE CITY COUNCIL'S	DI I EC OE	Council File N	o., Agenda Item, o	r Case No.
12-7-11)	DECORUM WILL BE E	1	M)//		OSKRE
10 10	DECOROIM WILL BE E	MPONCED.	<u> </u>	STOWNE	0 1019
	,				
I wish to speak before the	Energy + Ini	<u>/                                     </u>	·		
	Name of City Agency, Departr	nent, Committee or C	Council		
Do you wish to provide general p	oublic comment, or to speak for o	or against a proposal	on the agenda	a? ( ) For prop (—) Against	
Name: Holly School	edel				comments
Business or Organization Affiliat	ion: Buldin Tadusty	Association		www	
Address: 28 460 Are	we Stanfed 1/2 50	sedrit	CA	938	<b>~</b>
Street	City	> //	Státe	Zip	
Business phone:	Representing:	<u> </u>			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVI	DE CLIENT INFOR	MATION BEL	ow:	
Client Name: DA				Phone #:	
Ollent Name. V/	5			1 Hone #	
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.