			. , , ,
Date	THE CITY COUNCIL'S RULES OF	(, Agenda Item, or Case No.
10-19.09	DECORUM WILL BE ENFORCED.	#8	
I wish to speak before the $_$	Name of City Agency, Department, Comn	A	
	Mame of City Agency, Department, Comn	nittee or Council	
_	public comment, or to speak for or against a	proposal on the agenda	() Against proposal
Name: <u>David</u> Ban	ber		() General comments
Business or Organization Affiliat	ion: CSC		
Address: 7459 Con 1/6 6	1002 KJ Henover City	MD	2/076
		State	Zip
Business phone: 703 625	29/5 Representing: CSC		**************************************
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Client Address: Street	City	State	Zip

09-1714

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 SPEAK	ER CARD	09-1714
Pate /0 / 19/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
/ が / / /// // // I wish to speak before the	Budget & Finance		
Do you wish to provide general	Name of City Agency, Department, Committed public comment, or to speak for or against a pro		(? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Focal Technology		Inc
	Street Allea LA City	C A State	900 2 9
Business phone: 310 20	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELO	OW:
	•	<u>. </u>	Phone #:
Client Address:Street	City	State	Zip

Date 10/19/09	THE CITY COUNG			o., Agenda Item	
I wish to speak before the	Budset Name of City Agency, De		e or Council	****	
Do you wish to provide general p	public comment, or to spea	k for or against a prop	oosal on the agenda		
Name: Janie	Carrit			() Gene	ist proposal ral comments
Business or Organization Affiliati	on: CONSUN	nor Wate	chlog		
Address: 1750	Oleon Pork	BLd 5-	tr Z = 0 5	SUF	Mentia
Business or Organization Affiliati Address: 1750 Street Business phone: 31035	12 0577 Representing:	Consum	State watther	Zip S	CACYOS
CHECK HERE IF YOU ARE A				1 1	
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 ANGI	ELES SPEAKER	CARD 09	1714
Date 10/(8/2009	THE CITY COUNCI DECORUM WILL B		Council File No	Agenda Item, or Case No.
wish to speak before the	······································	FINANCE		725
	Name of City Agency, Dep			
Do you wish to provide general		ior or against a proposa	on the agenda?	
vame: DERE	KLIN			Against proposal General comments
Business or Organization Affiliat	ion: SADA S	XISTZMS		
Address: <u>5250 V</u>	INELAND NO	DRTH HOLLYWO	DOD CA	91510
Address: <u>SZSD V</u> Street Business phone: (\$18)	1802-5240 Representing:	SADA SYS	72MS	Zip
CHECK HERE IF YOU ARE				
Dient Name:			Ph	one #:
Client Address:				
Street	•	City	State	Zip

	CITY OF LOS AND	HELES SPEAKER	CARD	09-1714
Date 10 (19/09	THE CITY COUNC		Council File	e No., Agenda Item, or Case No.
I wish to speak before the	Budget Name of City Agency, De	→ Finan Committee or		multe
Do you wish to provide general Name:		- A 1	al on the age	nda? () For proposal () Against proposal (X) General comments
Business or Organization Affiliat	ion:	VICA		
Address: 5721	Van Nuys	/Blvd #2	03	LA CA 9140
Business phone: $68-81$	Representing:	City	State	: ZIP
CHECK HERE IF YOU ARE	PAID SPEAKER AND P	ROVIDE CLIENT INFO	RMATION B	ELOW:
Client Name:				Phone #:
Client Address:Street		City	State	Zip



10-19-09	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 Committee Name of City Agency, Department, Committee or	Council	
Name: Andrew Foer	public comment, or to speak for or against a proposa Ster ion: App1110, Inc.	I on the agenda	? () For proposal () Against proposal () General comments
Address: 900 C	Concer Or, San Malso City -9067 Representing: 6009/2 Appr	State Taids don	9440Z Žip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELC	ow:
Client Address:		F	Phone #:
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 ANGE	LES SPEAKER	CARU	09-1714
Date 10/19/09	THE CITY COUNCIL DECORUM WILL BE		Council File	No., Agenda Item, or Case No.
I wish to speak before the	Budget v Fin Name of City Agency, Depa	rance ommo	Oouncil	
Do you wish to provide general p		or or against a proposal	on the ager	nda? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Microsoff	Committee		
Business or Organization Affiliat Address: / Microsoft	Lway Red	[mand	WA State	98052 Zip
Business phone: 505-767				•
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT INFOR	MATION BE	ELOW:
Client Name:				Phone #:
Client Address:Street	C	ity	State	Zip



Date 10/19/09	THE CITY COUNC				o., Agenda Item, or Case No.
I wish to speak before the	Budget and	Fian Ce	Commenter or Co	intee	
Do you wish to provide general Name: Kent Fri	public comment, or to speak	•	roposal d		a? () For proposal (X) Against proposal () General comments
Business or Organization Affiliat	ion: Novell =	Гос.			
Address: 180 5. Novel	11 Place Pr	oV0	***************************************	٧٢	84606
Address: 180 5. Novel Street Business phone: 801-86	- 366 Representing:	Novell	Fne	State	Zip
CHECK HERE IF YOU ARE					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.



10/19/2009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, o 17-19	or Case No.
I wish to speak before the	Budget & Finance Name of City Agency, Department, Committee	Commut	₹e	
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agenda	() Agains	posal t proposal al comments
Business or Organization Affiliat	ion: Google	. \/		
Address: 1600 14M Street Business phone: 650. 25	Whitheatre PKWy Mount 3.6129 Representing: Google	OW VIEW +	Zip	94043
	A PAID SPEAKER AND PROVIDE CLIENT INF			
Client Name:		F	Phone #:	
Client Address: Street	City	State	Zip	

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



Date	
	10/19/2009

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

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

OG - 1714

I wish to speak before the	Name of City Agency,	mones Con	millee	
	Name of City Agency,	Department, Commit	ttee or Council	
Do you wish to provide general put		eak for or against a p	proposal on the agenda?	() Against proposal
Name: Matthews C	sletzbach_			() General comments
Business or Organization Affiliation	: Coogle			
Address: 1000 Aughot	entre	Mt. View	C.A. State	94043
Business phone: <u>656-253-3</u> 0		,	Otato	
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BELOV	N:
Client Name:			P	none #:
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>