| Date 02 - 22 - 12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case | No. |
|--------------------------------------|---|--|-------------|
| Wish to speak below the | LOS ANGELES CITY COMMITTEE | | |
| Do you wish to provide general put | olic comment, or to speak for or against a prop | posal on the agenda? (X) For proposal | |
| Name: | MENAK NOVEIDJANIAN | () Against propos () General comm | |
| Business or Organization Affiliation | : DEm PARty | | |
| Address: | VAN BUREN PLACE | LA 90007 | |
| Business phone: 323-445- | 1600 Representing: City SELF | • State Zip | |
| | PAID SPEAKER AND PROVIDE CLIENT IN | FORMATION 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 2 2/2017 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
|-----------------------------------|---|--|
| I wish to speak before the | Name of City Agency, Department, Committee | ee or Council |
| Do you wish to provide general p | oublic comment, or to speak for or against a pri | oposal on the agenda? () For proposal () Against proposal () General comments |
| Business or Organization Affiliat | ion: <u>UCSC-Community</u> | |
| Address: 3780 Wild | shire Bud Los And | cles GA 90010 |
| | Representing: | |
| | A PAID SPEAKER AND PROVIDE CLIENT I | L |
| Client Name: Client Address: | | Phone #: |
| 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 2 2

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

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

| I wish to speak before th | ne | aure il | | |
|---------------------------|--|---------------------|------------------------|----------------------|
| • | 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? (இ) For proposal () Against proposal | | | |
| Name: | dy 12019a | 060 | | () General comments |
| Business or Organizatio | n Affiliation: | My Jelsea. | Coning | |
| Address: | E. Redad | o Blad. | Ling October State | 90302 |
| Business phone: | | | | Zip |
| CHECK HERE IF YOU | ARE A PAID SPEAK | ER AND PROVIDE C | LIENT INFORMATION, BEL | .ow: |
| Client Name: | | | | Phone #: |
| Client Address: | et | 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

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

Date

| 2-06-12 | DECORUM WILL BE ENFORCED. | | 18 |
|-----------------------------------|---|-------------|----------------------|
| I wish to speak before the | L.A. City Counci) Name of City Agency, Department, Committee | or Council | |
| • | public comment, or to speak for or against a prop | | () Against proposal |
| Business or Organization Affiliat | aly ion: Violence Prevention C | ealition of | - Greater LA |
| Address: 1000 No | orth Alamedo St. Los Angeles City 16-3265 Representing: Organi | State | 90012 |
| Business phone: 213-31 | 16-3265 Representing: Organi | zation | Z.ID |
| | 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.

NOTE: THIS IS A PUBLIC DOCUMENT.

| 2/22/12 | | JNCIL'S RULES OF LL BE ENFORCED. | | No., Agenda Item, or Case No. Hem #18 |
|--|--------------------------|---|--------------------|--|
| I wish to speak before theA | - CITY COU | NUL | | |
| | Name of City Agency, | Department, Committe | e or Council | • |
| Do you wish to provide general p | oublic comment, or to sp | eak for or against a pro | posal on the agend | |
| Name: MOOF MAY | EDA | | | Against proposal General comments |
| Business or Organization Affiliat | | | | |
| Address: 2684 Street | CY ST #210 | LOS ANGEL | B CA | 90031 |
| | | | | |
| Business phone: CHECK HERE IF YOU ARE A | | | | [] |
| Client Name: | | *************************************** | | Phone #: |
| Client Address: | | City | State | Zip |
| Glieet | | ∪ fily | Otato | 414 |

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 CTT CONCU 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 () General comments Business or Organization Affiliation: CACC Address: Street City State Zip Business phone: TS2 9997 Representing: Phone #: Client Name: Phone #: Client Address: Street City State Zip | Date 2/22/12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Itel | m, or Case No. | |
|---|--|---|--------------------------------|----------------|--|
| 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: | I wish to speak before the | 179 COUNCIL Name of City Agency Department Committee | or Coupoil | | |
| Business or Organization Affiliation: CAOCE Address: S10 1/2 S. BROADWAY Street City State Zip Business phone: TS2 9997 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: | • • • | public comment, or to speak for or against a pro | oosal on the agenda? () For p | inst proposal | |
| Business phone: | Business or Organization Affiliati | ion: <u>CAORE</u> | () Gen | eral comments | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: | Street | City | State Zip | | |
| Client Address: | CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| | Client Address: | City | | | |

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 02-22 - 2012 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or C | Case No. | | |
|--|---|-------------------------------------|----------|--|--|
| I wish to speak before the Los Angeles City 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 | | | | |
| Name: Chrotopher Dovon () General comme | | | | | |
| Business or Organization Affiliat | ion: <u>Crenshaw High School</u> | | | | |
| | Ave. LA City | | | | |
| Business phone: | Representing: Social Just | sice Academy | | | |
| 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 2-22-12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED | | |
|--|---|--|--|
| I wish to speak before the | 55 Angeles City Counc Name of City Agency, Department, Com | mittee or Council | |
| Do you wish to provide general p | oublic comment, or to speak for or against | a proposal on the agenda? () For proposal () Against proposal () General comments | |
| V | ion: <u>Crenshaw High</u> | 18Cheol | |
| Address: Stolo 1th | Ave. LA | CA 90043 State 7in | |
| | Representing: Social | | |
| 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 2/22/12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., A | genda Item, or Case No. | |
|--|---|---------------------|--|--|
| I wish to speak before the | CITY COUNCIL Name of City Agency, Department, Committee or | Council | | |
| Do you wish to provide general p Name: MMS1G(| public comment, or to speak for or against a proposition. | al on the agenda? | For proposal Against proposal General comments | |
| Business or Organization Affiliati | ion: CAORE | | | |
| Address: 570 12 Street Business phone: 152-99 | S, BLOADWAI City Representing: | State | Zip | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | Pho | one #: | |
| Client Address:Street | City | State | Zip | |

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson. NOTE: THIS IS A PUBLIC DOCUMENT.

| Date 2-22-12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
|------------------------------------|---|---|
| I wish to speak before the | Name of City Agency, Department, Committee of | or Council |
| Do you wish to provide general p | public comment, or to speak for or against a propo | sal on the agenda? () For proposal () Against proposal () General comments |
| Business or Organization Affiliati | on: Crenshaw High Janool | |
| Address: 3459 w. F | on: <u>Crenshaw</u> High Janool lovence Ave. Los Angeles CA 90 | 043 |
| Business phone: 323 66 | 7 6404 Representing: Crenshaw | Societ Dustice Academy |
| 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 2-22-17 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Ag | enda Item, or Case No. |
|--|---|----------------------|------------------------|
| I wish to speak before the | Name of City Agency, Department, Committee o | r Council | |
| · | public comment, or to speak for or against a propos | sal on the agenda? (| |
| Name: Miracle Swith () Against proposal () General commen | | |) General comments |
| Name: MINDE SIVII Business or Organization Affiliation | ion: Crenshaw High | | |
| Address:Street | - | | |
| Street Business phone: | Representing: Crashaw Sc | cial Justice | Boodery |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: | | Phor | ıe #: |
| 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.

Council File No. Adenda Item or Case No.

Date

| zhr bor | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | 418 | | |
|--|---|--|--|--|
| I wish to speak before the | CITY Hall | | | |
| Do you wish to provide general t | Name of City Agency, Department, Committee of public comment, or to speak for or against a proportion | \sim / | | |
| Name: Henry Sanda | nol | () Against proposal () General comments | | |
| Business or Organization Affiliation: Voth Justice Coulition | | | | |
| Address: 1137-6. R | Lodondo Bhal Ing | Virghol 90307 | | |
| Business phone: | V | | | |
| 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 2/27/12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
|------------------------------------|---|--|
| I wish to speak before the | Name of City Agency, Department, Committee o | r Council |
| Do you wish to provide general p | oublic comment, or to speak for or against a propos | |
| Name: ROSLYN | BROADLAY | () Against proposal () General comments |
| Business or Organization Affiliati | | |
| | S. BROADWAY | |
| Street | City | State Zip |
| Business phone: | Representing: | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE CLIENT INFO | PRMATION 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

Zip

| Date 2/22//2 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
|--|---|-------------------|---------------------------------------|
| I wish to speak before theNam | e of City Agency, Department, Committee or | Council | |
| Do you wish to provide general public c | omment, or to speak for or against a proposa | I on the agenda? | |
| Name: Jesse | - Good face | | Against proposal General comments |
| Business or Organization Affiliation: | 1 1 | | |
| Address:Street/ | | | |
| Business phone: 213/228002L | City Representing: | State | Zip |
| 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.

| Date 2/22/12 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Ager | nda Item, or Case No. |
|---------------------------------------|---|----------------------------|--------------------------------------|
| | ame of City Agency, Department, Commit | tee or Council | |
| Do you wish to provide general public | comment, or to speak for or against a p | roposal on the agenda? () | Against proposal General comments |
| Address: Street / | City | State | Zip |
| Business phone: 213/2280 | City City Aepresenting: | | |
| | ID SPEAKER AND PROVIDE CLIENT | | |
| 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 2/22/12 | THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE |) | Agenda Item, or Case No. | |
|--|--|-----------------------------|---------------------------------------|--|
| I wish to speak before the | Name of City Agency, Department, Co | mmittee or Council | | |
| Do you wish to provide general p | oublic comment, or to speak for or agains | t a proposal on the agenda? | | |
| Name: \(\sigma\)? |) JO | | Against proposal General comments | |
| Business or Organization Affiliation: | | | | |
| Address: | Chr | | | |
| Address:Street Business phone: | City Representing: | State | Zip | |
| 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 important information and submit this entire card to the presiding officer or chairperson.

THE CITY COUNCIL'S BULES OF

Date

| 2-22-2012 | DECORUM WILL BE ENFORCED. | Ifem | 4 /8 |
|--|--|----------------------|---|
| I wish to speak before the | City Council | | |
| N | lame of City Agency, Department, Commi | ttee or Council | |
| Do you wish to provide general pub Name: Bonnie Shi | lic comment, or to speak for or against a p | proposal on the ager | nda? (V) For proposal () Against proposal () General comments |
| | | paign | |
| Address: 36031/2 W.6 | Community Rights Camp th St. #189, Los Ange | elos, CA | 90020 |
| Street Business phone: | City | ₹ State | Zip |
| CHECK HERE IF YOU ARE A PA | AID 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.

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

| Date | | NCIL'S RULES OF .L BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
|--|---------------------------|---------------------------------------|-------------------|--|
| I wish to speak before the | Name of City Agency, | 45.04 Bux Department, Committee or | Mayd & Council | |
| Do you wish to provide general p | public comment, or to spe | · | | () For proposal (A) Against proposal () General comments |
| Business or Organization Affiliation: BYONWWOOD CYUSACO | | | | |
| Address: <u>200 E</u> Street Business phone: (310) 940° | | | State CVUSAdo | Zip |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: Client Address: | | City | State | Zip |
| 2201 | | | | —-fw |

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

| | ······································ | | |
|--|--|-------------------------|--|
| Date 22 FeB 12 | 2 | Council File | No., Agenda Item, or Case No. |
| I wish to speak before the | BOARD OF PUBL | C/L 10 WORKS | |
| , | Name of City Agency, Departmer | t, 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: | | | |
| Name: | Dr | 1 Om William | Against proposal () General comments |
| | iation: | Dr Tom Wi | ligus |
| Address: | | 90 | 032-17/2 |
| Street | City | Bril Mac | Zip |
| Business phone: | Representing: | Brd Mbr | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.