	CITY OF LOS ANGELI	ES SPEAKER	CARD 199-2645
Date / /	7		Council File No., Agenda Item, or Case No.
19/8//3			,
,			
I wish to speak before the	BOARD OF PH	BUIC WORK	3 PLIM
	Name of City Agency, Departn	nent, Committee or C	Council
A	public comment, or to speak for a	brielian	( ) Against proposal
Business or Organization Affilia	hand surgery warmen		
Address: 1/50 5.	Olive St. 7	4280/ L.	A. CA 90015
Business phone: 324	Cify 9207 Representing:	ff J	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROV	IDE CLIENT INFOR	RMATION BELOW:
Client Name:			Phone #:
Client Address:	Chy		State

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

DATE 10/8/13	COUNCIL 59-264	AGENDA ITEM NO.
POSITION: Support Project/Propos	Oppose al Project/Proposal	General or Public Comment
SPEAKER: .Support Appea	Oppose Appeal	
Applicant Property Owne		Representative Check here if you are a paid representative
Appellant Surrounding Property Owner	Organization (X) C	Other Stakeholder
Name Rafael Nune	Parameter Commencer Commen	
Representing Crown Cast	e Inc.	
Address 2125 Wrigh	Ave C-9	
city La Verne CA.		Zip Code <u>417-50</u>

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

DATE 10/8	/13	COUNCIL FILE NO. 09-2	645	AGENDA ITEM NO.	
POSITION:	Support Project/Proposa	Oppos Project	e /Proposal	General or Public Comment	
	Support Appeal	Oppos	e Appeal		
SPEAKER:			- 4		,
Applicant	Property Owne	r(s) Association		entative ere if you are a paid representative	
Appellant	Surrounding Property Owne	Organization	Other_	Stakeholder	
Name Paul	D' BOY16				<i>y</i>
Representing	own Cas	Fle Inc.			
Address 212	5 Wria	int Ave	<u> </u>		
City LA Vev	ne	$^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$		de_ <u>91350</u>	

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

DATE 10/8/13	COUNCIL FILE NO. <u>09</u>	7645	AGENDA ITEM NO/	
POSITION: Support Project/Prop	Oppose Project/	Proposal	General or Public Comment	
SPEAKER: Support App	peal Oppose	Appeal		- (1)
Applicant Property Ow	vner(s) Association	Represen Check here	tative e if you are a paid representative	. :
Appellant Surrounding Property Ow		Other		
Name Torch Al	le D			· 
Representing TH/ + rande	3 Parseive	FT, ON F	7550.	
Address 15015 Best	Er 131.d.	<u> </u>	(*	
City PARedie Palesa	ode,	Zip Code	<u> 4072</u>	

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

DATE10/08	12013	COUNCIL RIS-	0182	AGENDA ITEM NO	
POSITION:	Support Project/Proposal	Oppose Project/	Proposal	General or Public Comment	
SPEAKER:	Support Appeal	Oppose	Appeal		
Applicant	Property Owner(	s) Association	Check	sentative here if you are a paid representa	
Appellant	Surrounding Property Owners	Organization	Other	CD-11 Director o	+ Planning
•	cia Keane				
Representing	<u> </u>				2004.14.0 April 1971.
Address					
City	erse of card for importa	ant information and sub	Zip C	odeard to the presiding officer or	chairperson.

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

. 1				
DATE 10/8/13	COUNCIL FILE NO	2645	AGENDA ITEM NO	
POSITION: Support Project/i	Proposal / Project/	Proposal <sup>L</sup>	General or Public Comment	
SPEAKER:	Appeal Oppose	Appeal		
	Owner(s) Association	Representative Check here if ye	ou are a paid represent	ative
Appellant Surroun		$\checkmark$ Other $\frac{\sqrt{\cdot}}{4}$	Pacte Parket	Usadk.
Name Name	Owners —	Côm	munty Co	M. C.
Representing Pacific	Palisades CO	munity Co	Mucil	
Address A	·	'	·	
City Pacific l'al	25 / La-	Zip Code	90272	

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.

DATE 0018.	, <u>4</u> 0/3	DUNCIL LE NO		AGENDA ITEM NO	And the second s
POSITION:	Support Project/Proposal	<i>'</i>	Proposal	General or Public Commer	it.
SPEAKER:	Support Appeal	Oppose	Appeal		
Applicant	Property Owner(s)	Association	1 1 .	entative ere if you are a paid repres	entative
Appellant Name	Surrounding Property Owners	Organization	Other _		· .
Representing			·	1.8	
Address		: Å		, i	
City			Zip Co	de	

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

<u> </u>	, 60g				eid.	
Date /⊝-8 -	-/2			Council	File No., Agenda Ite	ım, or Case No.
	R	UM		<u>L</u>		
I wish to speak before	the	44D-0F-1	24BHC-V	urres.		:
· '		e of City Agency, De	partment, Comm	ittee or Council		
Do you wish to provide	•	./h	for or against a	proposal on the a		
Name: ${\cal B}$	ARBARA	1310100	and the second s			ainst proposal neral comments
Business or Organizati	ion Affiliation:	WSSM	-			
Address:s	Da	Box 64		LA	9006	1
□ St	treet		City	State	e Zip	
Business phone:		Representing: _				<u> </u>
CHECK HERE IF YO	U ARE A PAID	SPEAKER AND P	ROVIDE CLIENT	INFORMATION	BELOW:	
Client Name:					 Phone #: _	
Client Address:					en de la companya de La companya de la co	
St	treet	and the first of the second of	City	State	? <i>Z</i> in	

Date	Council File No., Agenda Item, or Case No.
112-8-15	TOMIL
	The state of the s
I wish to speak before the	BOARD OF PUBLIC WORKS PLIN
•	Name of City Agency, Department, Committee 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
Name:	( ) General comments
Business or Organization Affiliati	on: Get The Cell Out
Address: 5501 41	Illis Sormand bak OA 9141
Street	City State Zip
Business phone: X/X (-1/8)	F7722 Representing: (St. A. Colloct
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name:	Phone #:
Client Address:	
Street	City State Zip

Date 10 - 8 - 13			Council File No., A	genda Item, or Case No.
I wish to speak before the	BOARD OF S			<u></u>
Do you wish to provide general	public comment, or to spea	k for or against a propos	sal on the agenda?	
Name: RLEXP ND	ER VON U	ECHMAR		( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: THE OAL	CS HOMEO	WNERS	ASSOC.
Address: 23 60 67 Street Business phone: (323) 467	NYON DR	City	State	90068
Business phone: (323) 467	7-9004 Representing:	YHE OAH	S MOH	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND F	ROVIDE CLIENT INFO	ORMATION BELOW	<b>v</b> :
Client Name:			Pho	one #:
Client Address:				
Street		City	State	Zip

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

DATE _ lO - 8	war i wall.	COUNCIL TILE NO. <u>09-26</u>	45	agenda Item no	-
POSITION:	Support Project/Proposal	Oppose Project/Pro	oposal	General or Public Comme	ent
SPEAKER:	Support Appeal	Oppose A	ppeal		
Applicant	Property Owner(s	) Association	Represent Check here	ative if you are a paid repr	esentative
Appellant	Surrounding Property Owners	Organization	Other		
Name <u>EDWA</u>	o McGM				
Representing	(ERIZON)				
Address	605 SAND (	YNAON BIN	D	(	
City	E CA		Zip Code	92418	

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

DATE 100/13	COUNCIL FILE NO.	1 1 Ni 13	AGENDA ITEM NO.
POSITION: Support Project/Pr	oposal Oppos		General or Public Comment
Support A SPEAKER:	ppeal Oppos	e Appeal	
Applicant Property	Owner(s) Association	Representative Check here if you	are a paid representative
Appellant Surroundi		Other	
Name	aksey		
Representing VIVI 20	n	prisoner and the second	
Address <u>2001 Bpt/</u>	idliku		
city Sant	Monien CA	Zip Code	H04

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

Date / SS / C	Council File No., Agenda Item, or Case No.
TO/08/2013	. Processor
I wish to speak before theBPARD = PUBLIC WORK	ES PW-PLUM
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: Kevin Tamaku	(>) Against proposal (>) General comments
Business or Organization Affiliation:	
Address: 1150 S. Olive St. L.A. Street City	CA 90015
Street City State Zip  Business phone: A Table State Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name:	Phone #:
Client Address:	
Street City	State Zip