- A 3			
Date	THE CITY COUNCIL'S RULES		No., Agenda Item, or Case No.
June 30, 35	DECORUM WILL BE ENFORC	ED. 10-04	182414
Santuana	JUN 3 0 2010		<u></u>
I wish to speak before the	1ty Council		
N	ame of City Agency, Department, Co	ommittee or Council	<u> </u>
Do you wish to provide general publi	c comment, or to speak for or again	st a proposal on the agen	da? ( ) For proposal Against proposal
Name: IONY W	IKINSON		( ) General comments
Rusiness or Organization Affiliation:	Panarama City	Neighborhoo	1 Connal
Address: 8133 Haze H	ine Due, Panaram.	a City, CA	91402
Business phone 818-785-93	SS Representing:	State	Zip .
CHECK HERE IF YOU ARE A PA	LID SPEAKER AND PROVIDE CLI	ENT INFORMATION BE	LOW:
Client Name:			Phone #:
Olimant Andrian and			
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 (4/30 2010)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	T IVI	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Com		
Do you wish to provide general p	public comment, or to speak for or against a	a proposal on the agend	
Name:	mie Caipral		( ) Against proposal  General comments
Business or Organization Affiliation	on:		
Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jake Drive Beverly	Hills CA	902(D
Business phone: 3096	Representing:W	NSelf	•
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BEL	ow:
Client Name:			Phone #:
Client Address: Street	City	State	Zip
Outoot	Only	Ciate	٠.,٢

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

Date (5 - 3 0 - 1 (5 )	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	public comment, or to speak for or against a pro	oposal on the agenda? ( ) For proposal \ \ \
Name: Emy Leth		( ) Against proposal ( ) General comments
\ Business or Organization Affiliat		
Address: 15601 Sons	et Pacific la lisaces	c Anthony Chirech
Street Business phone: <u>(15-578</u>	City Representing:	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
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>

Date 6/30/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	JUN 3 0 2010	ų.
I wish to speak before the	CITY COUNCIL	
	Name of City Agency, Department, Committee	e or Council
Do you wish to provide general posts of the Name: Manager 1995	public comment, or to speak for or against a prop	Against proposal
Business or Organization Affiliat	ion:	
Address: 10550 LA 7	TUNA CYN, RD, SUN VALLE	Y CA 91352
Business phone:	Representing: #017HILL TRA	HLS DISTRICT NEIGH BURHOUS
	A PAID SPEAKER AND PROVIDE CLIENT IN	- 26
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 COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
6-30-10	DEC <b>RIUNI IVIO L2010</b> ENFORCED.	10-0089
I wish to speak before the	Tacuacil	
i wish to speak belote the	Name of City Agency, Department, Committee	ee or Council
	public comment, or to speak for or against a pro	/ \ A
Business or Organization Affiliat	ion: Santa Manica M	itns Conservancy
Address: <u>570 w W</u>	enue 26 1/100 Los Am	geles CA 90065
Business phone: うしっちでー	3200 Representing: 5000	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Street	Oity	Sidle

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

		*
Date 6-30-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	170
I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council
Do you wish to provide general p	public comment, or to speak for or against a	
Name: MIK	E D'GARA	(×) Against proposal ( ) General comments
Business or Organization Affiliati	on: Sun Valley A	REA NC
Address: 930	Caynor ave Su	- Valley Ca 91352
Business phone:	76 Hepresenting:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION 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.