|                                       |   |                      | <u> </u>                |
|---------------------------------------|---|----------------------|-------------------------|
| Date (                                | THE CITY COUNCIL'S RULES OF                     | Council File No., A  | genda Item, or Case No. |
| 8 - 11 - 10                           | DECORUM WILL BE ENFORCED.                       | ) L                  | •                       |
|                                       |   |                      |                         |
|                                       | $\wedge$  |                      |                         |
| wish to speak before the              | Come  | 6                    |                         |
|                                       | lame of City Agency, Department, Committee o    | r Council            |                         |
| ≰                                     | ,         |                      |                         |
| Do you wish to provide general publ   | ic comment, or to speak for or against a propos | sal on the agenda? ( | ) For proposal          |
|                                       |   | . (                  | ) Against proposal      |
| Name: Ftendoup                        | J1904S  | (                    | ) General comments      |
|                                       |   |                      |                         |
| Business or Organization Affiliation: |   |                      | \$ 200 (41)             |
| ,,*****:                              | 10  |                      |                         |
| Address:Street                        | City  | State                | Zip                     |
| * "                                   |   |                      | <u>-</u> -ιρ            |
| 3usiness phone:                       | Representing:                                   |                      | "                       |
|                                       |   |                      |                         |
| CHECK HERE IF YOU ARE A PA            | AID SPEAKER AND PROVIDE CLIENT INFO             | PRMATION BELOW       |                         |
| Night Night of                        |   | Dha                  |                         |
| Client Name:                          |   | Pno                  | ne #:                   |
| 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

| 11 Au              | a (D             | 1 84: 4              | COUNCIL'S RULES C<br>I WILL BE ENFORCE |                     | 32           | Spec                               |
|--------------------|------------------|----------------------|--|---------------------|--------------|------------------------------------|
| · ·                | 1                | ~                    |  |                     | ·            |                                    |
| I wish to speak be | fore the         |                      | Course                                 | <i></i>             |              |                                    |
|                    |                  | Name of City Age     | ency, Department, Con                  | nmittee or Counci   |              |                                    |
| Do you wish to pro | ovide general    | public comment, or t | to speak for or against                | t a proposal on the |              |                                    |
| Name:              |                  |                      | Drlly                                  | Lo Willi            |              | gainst proposal<br>eneral comments |
| Business or Organ  | ization Affiliat | tion:                |  | LA 3'               | <u> 2 NC</u> |                                    |
| Address:           |                  | <u> </u>             | [ J32 K                                | 2.44<br>2.44        | LA 90        | 232                                |
|                    | Street           |                      | City                                   |                     | State Zir    | ) . A                              |
| Business phone:    |                  | Repres               | enting:                                | E                   | xec Bra      | 116r.                              |
| CHECK HERE IF      | YOU ARE          |                      | AND PROVIDE CLIE                       |                     |              |                                    |
| Client Name:       |                  |                      | <u> </u>                               | ,                   | Phone #:     | <u> </u>                           |
| Client Address:    |                  |                      |  |                     |              |                                    |
| •                  | Street           |                      | City                                   | S                   | State Zip    |                                    |

| ·   | CITY OF LOS AN       | NGELES SP                               | EAKER CAF        | D S             | Pecial                  | 1900/3   |
|---|----------------------|---|------------------|-----------------|-------------------------|----------|
| Date /// // //  | THE CITY COU         |   | )F               | uncil File No., | Agenda Item, or         | Case No. |
| I wish to speak before the  | CHY                  | Counci                                  | /                |                 |                         |          |
| , in the second | Name of City Agency, | Department, Cor                         | nmittee or Counc | il              |                         |          |
| Do you wish to provide gene  Name:   Business or Organization Aff   | WNL 5//              | · ·                                     |                  | ;               | ( ) Against ( ) General |          |
| Address:Street  | 0218 Tucca St.       | HC.                                     |                  | ٠.              | 7                       |          |
| Street Business phone:  |                      |   |                  | State           | Zip                     |          |
| CHECK HERE IF YOU AR  |                      |   | NT INFORMATION   | ON BELO         | V:                      |          |
| Client Name:  | · ·                  | *************************************** |                  | Pł              | one #:                  |          |
| Client Address:   |                      | City                                    |                  | State           | Zin                     |          |

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

| Date                               | THE CITY COUNCIL'S RU<br>DECORUM WILL BE ENF | ILES OF                                 | ouncil File No., Ag | genda Item, or Case No.  |
|------------------------------------|--|---|---------------------|--|
| I wish to speak before the         | Name of City Agency, Departmen               |   | <u>cil</u>          |  |
| Do you wish to provide general p   | oublic comment, or to speak for or a         | against a proposal on th                | he agenda? (        | ) For proposal   |
| Name: Russ Fazs                    |  |   | ۵.                  | Against proposal ) General comments  |
| Business or Organization Affiliati |  | SC/BRB                                  |                     |  |
| Address: 4(5, M                    | ar 51 #205                                   | <u>LA</u> C                             | State State         | Zin  |
|                                    | Representing:                                |   | Otato               | 4 1 p. 7   |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER AND PROVIDE                   | CLIENT INFORMATI                        | ION BELOW:          | And the second s |
| Client Name:                       |  |   | Pho                 | ne #:  |
| Client Address:                    |  |   |                     |  |
| Street                             | City   | *************************************** | State               | Zip  |

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THE CITY COUNCIL'S BUILES OF

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

Date

| 8/1/10                            | i                     | WILL BE ENFORCED.        | 32-                   | 33  |
|-----------------------------------|-----------------------|--------------------------|-----------------------|---|
| I wish to speak before the        |                       | ncy, 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 |   |
| Name: Edward                      | Kelsey                |                          |                       | ( A Against proposal ( ) General comments |
| Business or Organization Affiliat | ion:                  |                          |                       |   |
| Address: 842 S. Breet             | oculway               | CA                       | State                 | 90014                                     |
| Business phone: 213-216           |                       | •                        |                       | <del>/</del>                              |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER /      | AND PROVIDE CLIENT       | INFORMATION BELC      | w:  |
| Client Name:                      |                       |                          | P                     | hone #:                                   |
| Client Address:                   |                       | City                     | State                 | Zip                                       |
| 3,1001                            |                       | <i></i>                  | Ciaio                 | —· <del>p</del>                           |

| ,                                 |   |                           |                                      |
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| Date   10                         | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agend   | da Item, or Case No.                 |
| . \                               |   | Artematic                 |                                      |
| I wish to speak before the(       | iti Council.  |                           | ·                                    |
|                                   | Name of City Agency, Départment, Committ              | ee or Council             |                                      |
| Do you wish to provide general p  | oublic comment, or to speak for or against a pr       | oposal on the agenda? ( ) | For proposal                         |
| Name: Late Par                    | 40/0  |                           | Against proposal<br>General comments |
| Business or Organization Affiliat | ion: Kate Bartolo & A                                 | Rociola,                  | <u> </u>                             |
| Address: 865 75                   | wood St, (A   | <u> </u>                  | 0017                                 |
| Business phone 713 890            | 6-8906Representing: 610-6                             | State Douglow             | 2000 Qy Oures                        |
| CHECK HERE IF YOU ARE A           | A PAID SPEAKER AND PROVIDE CLIENT I                   | NFORMATION BELOW:         | J. 2.0.                              |
| Client Name:                      | of the Vincord Ou                                     |                           |                                      |
| Client Address: Street            | isher on St CA  | State 9                   | <u> </u>                             |
| Oli Oct                           | ~ Only  | Oraco                     | <u>~</u> ·μ                          |

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 DECORUM WILL BE ENFORCED.                    | Council File No., Agenda Item, or Case No. |
|---|--|
| I wish to speak before the Name of City Agency, Department, Commi             | ittee or Council                           |
| Do you wish to provide general public comment, or to speak for or against a p |  |
| Name: Anno Williams   | ( ) Against proposal ( ) General comments  |
| Business or Organization Affiliation:   | 2 ASSOC                                    |
| Address: 626 Wilste Blud City   | State 700/7                                |
| Business phone? 13 (C) 4-1213 Representing: CCA                               | State 2.lp                                 |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT                       | INFORMATION BELOW:                         |
| Client Name:  | Phone #:                                   |
| Client Address: 626 W/s 6 City CA   | , A 900/7<br>State Zip                     |

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

Date

| 10/11/10                          | DECORUM WILL BE ENFORCED                   | `   '.                   |  |
|-----------------------------------|--|--------------------------|--|
| I wish to speak before the        | Name of City, Agency, Department, Com      | mittee or Council        |  |
| Do you wish to provide general    | public comment, or to speak for or against | a proposal on the agenda |  |
| Name: <u>Linda Di</u>             | shman                                      | · .                      | ( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliat | ion: Los Angeles Cov                       | Iservancy                |  |
| Address: <u> </u>                 | 6 t SV. LA                                 | CA                       | 90014  |
|                                   | City  2789 Representing:                   | State                    | Zip  |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER AND PROVIDE CLIEN           | NT INFORMATION BELO      | ow:  |
| Client Name:                      |  | F                        | Phone #:                                     |
| Client Address:Street             | City                                       | State                    | Zip  |

|                                   | ,  | •                            |                            |
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| Date                              | THE CITY COUNCIL'S RULES                 | S OF                         | , Agenda Item, or Case No. |
| 811/16                            | DECORUM WILL BE ENFOR                    | CED. <u>++ 32</u>            | 2 3 3                      |
| I wish to speak before the        | Name of City Agency, Department, C       | Committee or Council         |                            |
| Do you wish to provide general    | public comment, or to speak for or again | nst a proposal on the agenda |                            |
| Name: Tto Laco                    | o la jorg                                |                              | General comments           |
| Business or Organization Affiliat | tion: 70x Jour 14 Pla                    | za, Board me                 | MGOT ADBI                  |
| Address: 467 N. (                 | in Oon BH 90212                          | )                            |                            |
| Street Business phone             | S-O/ORepresenting:                       | ounelty Plaza                | 2ip<br>900/5               |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER AND PROVIDE CL            | LIENT INFORMATION BELO       | w:                         |
| Client Name:                      |  | p                            | hone #:                    |
| Client Address:                   |  |                              |                            |
| Street                            | City                                     | State                        | Zip                        |

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| Date 8/11/0                          | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
|--------------------------------------|---|--|
| I wish to speak before the           | Name of City Agency, Department, Committee            | 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      |
| Name: Robort Lle                     | masaeb  | ( ) Against proposal (X) General comments  |
| Business or Organization Affiliation | on: Mf 4 Ranagemont                                   | June 1                                     |
| Address:                             | 1/ive S/ (A)  | State Zip                                  |
|                                      | 8000 Representing: My 10                              | 1400mp                                     |
| CHECK HERE IF YOU ARE A              | PAID SPEAKER AND PROVIDE CLIENT IN                    | IFORMATION BELOW:                          |
| Client Name:                         |   | Phone #:                                   |
| Client Address:                      |   |  |
| Street                               | City  | State Zip.                                 |

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| Date 3 (1) / 6                     | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
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| I wish to speak before the         | ly Courses  |  |
|                                    | Name of City Agency, Department, Committee            | or Council                                 |
| Do you wish to provide general p   | public comment, or to speak for or against a propo    | osal on the agenda? ( ) For proposal       |
| Name: O ( (Cey                     |   | ( ) Against proposal ( ) General comments  |
| Business or Organization Affiliati | on: Pershing Sty Bill                                 | <u> </u>                                   |
| Address: 448 Street                | Il St, CA City  | State Zip                                  |
|                                    | - 5488 Representing: <u>Cosking</u> S                 | gnare Buildie                              |
|                                    | PAID SPEAKER AND PROVIDE CLIENT INFO                  | 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 Solution 100                 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  | Council File No., Agenda Item, or Case No. |
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| Lwish to speak before the         | Name of City Agency, Department, Committee o   | r Council                                  |
| Do you wish to provide general p  | public comment, or to speak for or against a propos  | sal on the agenda? ( ) For proposal        |
| Name: Peklas Pil                  | aurion   | ( ) Against proposal ( ) General comments  |
| Business or Organization Affiliat | A Section of the sect | no no                                      |
| Address: 640 Afil                 | 1 Conf /A  | CA 90014                                   |
| Strant.                           | $\frac{\text{City}}{0.334} \text{ Representing: } \frac{\text{City}}{54}, \frac{\text{City}}{100000000000000000000000000000000000$   | State Zip Conter                           |
|                                   | A PAID SPEAKER AND PROVIDE CLIENT INFO   | DRMATION 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 > // 5 // 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            | or Council                                 |
| Do you wish to provide general    | public comment, or to speak for or against a propo    | sal on the agenda? ( ) For proposal        |
| Name:                             | SOHN WALSH  | ( ) Against proposal ( ) General comment   |
| Business or Organization Affiliat | ion:  |  |
| Address:                          | 2 18 Tucco 5 + 17                                     |  |
|                                   |   | State Zip                                  |
| 3usiness phone:                   | Representing:   |  |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER AND PROVIDE CLIENT INF                 | ORMATION BELOW:                            |
| Client Name:                      |   | Phone #:                                   |
| Client Address:                   |   |  |
| Street                            | City  | State Zip                                  |

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| Date 8 - 1 1 - 10                 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No.                               |
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| I wish to speak before the        | bince   |                   |  |
| we.                               | Name of City Agency, Department, Committee            | or Council        |  |
| Do you wish to provide general p  | public comment, or to speak for or against a propo    | -                 | For proposal     Against proposal     General comments |
| Business or Organization Affiliat | ion:  |                   |  |
| Address:Street                    | CMNOX   |                   |  |
| Street                            | City  | State             | Zip  |
| Business phone:                   | Representing:   |                   |  |
| CHECK HERE IF YOU ARE A           | A PAID SPEAKER AND PROVIDE CLIENT INF                 | ORMATION BELOV    | v:   |
| Client Name:                      |   | Ph                | one #:   |
| Client Address:Street             |   |                   |  |
| Street                            | City  | State             | Zip  |

| Data                                  |                                     | O                       | A 5 - N                           |
|---------------------------------------|-------------------------------------|-------------------------|-----------------------------------|
| Date                                  | THE CITY COUNCIL'S RULES OF         | Council File No.,       | Agenda Item, or Case No.          |
| 10/11/01/                             | DECORUM WILL BE ENFORCED.           | 32                      | · 33                              |
| ř                                     |                                     | 5 Pec.                  | al cours, I mls                   |
| I wish to speak before the            | ty council                          |                         | , o                               |
| Nan                                   | ne of City Agency, Department, Comm | ittee or Council        |                                   |
| Do you wish to provide general public |                                     | proposal on the agenda? | For proposal     Against proposal |
| Name: HILSMAN WRIG                    |                                     |                         | ( ) General comments              |
| Business or Organization Affiliation: | and the same of the                 | Foundation              | er!                               |
| Address: 1725 Welling                 | lon RO LA                           | CA                      | 90019                             |
| Business phone: 310 403 086           | City  Representing:                 | State                   | Zip<br>1994 w                     |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROVIDE CLIENT          | INFORMATION BELOV       | v:                                |
| Client Name:                          |                                     | Ph                      | one #:                            |
| Client Address:                       |                                     |                         | •                                 |
| Street                                | City                                | State                   | Zip                               |

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