Date		NCIL'S RULES OF L BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
	Causain		·	
wish to speak before the	Name of City Agency,	Department, Committee	or Council	
Do you wish to provide general	public comment, or to spe	ak for or against a prop	osal on the agenda	?-(-) For proposal (X) Against proposal
Name: Christopher	Heiser			( ) General comments
Business or Organization Affiliat	ion: Dickow St.	Neighborhood	Watch	
Address: 854 A	J. DICLOW St.	LA City	CA	90026
Street  Business phone: <u>2.23 3.33</u>		, and the second		ZIP
CHECK HERE IF YOU ARE			•	w:
Client Name:			F	'hone #:
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 7/23/10	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 pub	olic comment, or to speak for or against a pro	posal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	: Dillon St. neighbo	chood watch
Address: 850 Street 323 890	N. Dillan St LA	CA 90026  State Zip
	AID SPEAKER AND PROVIDE CLIENT IN	
Client Name:Client Address:		Phone #:
Street	City	State Zip

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Date 7 - 23 - 70	THE CITY COUNCIL'S DECORUM WILL BE		Council File N	o., Agenda Item, or	Case No.
I wish to speak before the	Name of City Agency, Depar			PALMS	Ś
Do you wish to provide general p	oublic comment, or to speak for	or against a proposal o	n the agenda	a? ( ) For prope	osal
Name: ANNE MILI	TOUG		-	( ) Against ( ) General	proposal comments
Business or Organization Affiliat  Address: 883 D16  Street  Business phone: 813 926	ion: HOME OWNE	e, DILLONS	ST NEIGH	BORHOD	WATCH
Address: 883 D/	MON ST LOS	ANGELES.	CA State	90026	
Business phone: 2/3 926	4080 Representing:	ICLON ST NEIG	HBORHOOI	WA TOAL	
CHECK HERE IF YOU ARE A					
Client Name:				Phone #:	
Client Address:		<u> </u>			
Street	City	1	State	Zip	•

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•	CITY OF LOS ANGELES SPEAKER	CARD
Date 7/23/10	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	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda? ( ) For proposal (※) Against proposal ( ) General comments
Business or Organization Affiliat	ion: SCLF	
Address: Street	1480/ SHORDAN MA	4 #12-04 1/AU MOV 45, 4 9/46 State Zip
Business phone: $8/8$ $58$	236/6 Representing: <i>S.c.(F.</i>	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #.\/

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

State

City

Client Address:

Street

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, Committee or	Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	al on the agend	
Name:	QQQQCQQQQ	ŀ	Against proposal  (A) General comments
Business or Organization Affiliati	ion:	<u>.</u>	
Address: Street	)) (Loc) (A	State	9020
Business phone: 323 66	Representing:	Oldio	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BE	LOW:
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.

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Date $-1/2$	3/10		TY COUNCIL'S F UM WILL BE EN	· -	Council File No	o., Agenda Item, or	Case No.
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I wish to speak be	fore the		Chy CMucil Agency, Departm	·····	e or Council		
				r against a pro	posal on the agenda	?	
Name:		DURA GIAM	7			( ) General o	comments
Business or Orgar			A	uly 3 Fr	iends		
Address:	3345 L	wikhive Blo	# 1000	LA	CA State	9001	<i>D</i>
Business phone:	213 - 481	7-0819 Rep	resenting:	A(	Zmmunty 3 F	rends	
		•			FORMATION BELO		Tije
Client Name:			****		F	Phone #:	
Client Address:			0		~~~	<u></u>	
	Street	`	City		State	Zip	

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Date 1/23/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	CITY COUNCIL  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 pr	
Name: BILL W	JATANABE	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: LITTLE TOKYO SERVI	CE CTR. CA 90013
Street Business phone: 213/473	-1607 Representing: SILVER	State Zip LAKE RESIDENT
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 7/23/16	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	or Council	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda?	
Name: STEVEN	WONGS		Against proposal     General comments
Business or Organization Affiliat	· ·		
Address: 3143 ETT	RICK ST. LA, CA		
Street  Business phone: 323-250	City  Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		P	hone #:
Client Address: Street	City	State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

Date 7.23.2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
	· 	<u> </u>	
I wish to speak before the	CITY COULCIL		
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	osal on the agenda?	(X) For proposal  ( ) Against proposal ( ) General comments
Name: LARCE SIMON			( ) General Comments
Business or Organization Affiliat	ion: 15 Egan beggn		
Address: 7740 W. MA	UCKESTER POIZ City	LA	<u> </u>
Street  Business phone: 310.306.73	City  Representing: 5/LVERLAKE		Zip
	A PAID SPEAKER AND PROVIDE CLIENT INF		V: ,
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip

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Date 33 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	ity Council	. · ·	
Do you wish to provide general public of	e of City <sup>)</sup> Agency, Department, Committee of comment, or to speak for or against a propo		
Name: Mata Pelsm	an		( ) Against proposal ( ) General comments
Business or Organization Affiliation:	sateways Hospital a	Mental	Hulk Certe
Address 1891 Effic	st LA	CA	90026
Address 1891 E-F- 6 Business phone: 323 6442000	入って中 City Representing:	State	Zip
	SPEAKER AND PROVIDE CLIENT INFO	ORMATION BE	LOW:
Client Name:			Phone #:
Client Address: Street	City	State	Zip

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Date 5/23/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.		
I wish to speak before the	ouncs)				
_	Name of City Agency, Department, Committee or	Council			
΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄	public comment, or to speak for or against a proposa	ıl on the agen	da? ( //) For proposal ( ) Against proposal		
Name: Steve Ray	lahan		( ) General comments		
Business or Organization Affiliation: 2033 Redc/iff (+ (res.)					
Address: <u>2033</u>	<u> </u>	, 	90039		
Street	City	State	Zip /		
Business phone:	Representing: \(\sum_1/\left(\frac{\pi}{a}\)\\	1451d46			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Olient Name:			Phone #:		
Client Address:					
Street	City	State	Zip		

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