Date August 4,200	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committ	ee or Council	. ,
	public comment, or to speak for or against a pr	oposal on the agenda	a? (X) For proposal  ( ) Against proposal  ( ) General comments
Business or Organization Affiliat	tion: Sherman Oaks How	repunal	ALSOC-SOHA
Address: 4050 Wise Street Business phone: 6/8-907	Sacher RR, Sharman Dak City Representing: SOHA	State	91403 Zip
	A PAID SPEAKER AND PROVIDE CLIENT		ow:
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.

NOTE: THIS IS A PUBLIC DOCUMENT.

	CITY : LOS ANGELES SPEAKER	\RD
Date 8/4/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	COUNCIC	
·	Name of City Agency, Department, Committee or C	
Name: A / S #/	public comment, or to speak for or against a proposal	( ) General comments
Business or Organization Affilia	tion: SNDIO CON NC	
Address: 40ry RAZ	DROSED AVE ED 2 ROOM 6 GOVD	10 cm CA 9,604
Street Susiness phone: 8/8-655	tion: SNDLO CETY NC  DROED AND ED 2 ROOM 6 GND  City  -5400 Representing:	State Zip
	A DAID SDEAKED AND DROVIDE OF IENT INFOR	

Client Name: Phone #: Client Address:

City

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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State

Zip

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Date 8 14 1/0	THE CITY COUNC	IL'S RULES OF	Council File I	No., Agenda Item, or Case No.
		The state of the s		
I wish to speak before the	Hy Conne	el		
	Name of City Agency, De	oartment, Committee or (	Council	
Do you wish to provide general p	public comment, or to speak	for or against a proposa	l on the agend	da? (X) For proposal  ( ) Against proposal
Name: <u>Alander</u>	Soul Kose	1		( ) General comments
Business or Organization Affiliati	on: Buntus	ad Kesual	ants	Coalition
Address: Street	1493103	XA.	03	9049
Business phone 3/0 47/02	<u> </u>	City BAC	State	Zip /
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PI	ROVIDE CLIENT INFOR	MATION BE	LOW:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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Date 58/04/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	No.		
I wish to speak before theNam	e of City Agency, Department, Committee	e or Council			
	comment, or to speak for or against a prop		2001		
Name: DONALD KELL	ER, VICE PRESIDEN.	( ) Against proposal ( ) General commen			
Business or Organization Affiliation: $B$	ER, VICE PRESIDEN. RENTWOOD HOMEOWN	VERS ASSNI			
Business phone: 310)472-97	R AVF, L, A.  City  The Representing: BHA	State Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address: Street	City	State Zip			

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Date 8/4/2010	THE CITY COUNCI		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Ty Council Name of City Agency, Dep	artment, Committee	or Council	
Do you wish to provide general p	public comment, or to speak	for or against a prop	osal on the agenda?	
Name: Murk Str	atton			Against proposal     General comments
Business or Organization Affiliati	ion: BASPOA			
Address: 3100 Cor	rda Dr. 1	A.	CA	90049
Street Street		city Bel Air	SkyCVe51	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PF	OVIDE CLIENT INF	FORMATION BELO	w:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip

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Date	THE CITY COU DECORUM WIE	JNCIL'S RULES LL BE ENFORC	OF	ouncil File No	., Agenda Item, or Case No.
I wish to speak before the	Ty Down	Department, C	ommittee or Coun	cil	
Do you wish to provide general p					? For proposal ( ) Against proposal
Name:	ion: PATISAN	les Pr	eservati	) D1/	( ) General comments
<u> </u>	Bestor	B/Jd.	FREYIC	State	912 9027
Business phone:	Representir	ng:			
CHECK HERE IF YOU ARE	A PAID SPEAKER ANI	PROVIDE CL	IENT INFORMAT	ION BELO	ow:
Client Name:				F	Phone #:
Client Address:Street		City		State	Zip

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Po 4-10	THE CITY COUNCIL'S F		Council File No.,	Agenda Item, or Case No.	
I wish to speak before the	CITY COUNCIL	0	Occursil.		
	Name of City Agency, Departm	ient, Committee or	Council	/	
Do you wish to provide general	oublic comment, or to speak for o	r against a proposa	l on the agenda?		
Name: STEVE W	EBBER			( ) Against proposal     ( ) General comments	
Business or Organization Affiliat	ion:				
Address: 19407 SA/	NTA RITA ST TARZ	ANA	CAUF State	9(356-3020) Zip	
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			P	hone #:	
Client Address:Street	City		State	Zip	
2300	U.I.y			II-	

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

Date

R-D4-17

	DECORUM WILL BE ENFORCED.	/ ):	16.10-1001
I wish to speak before the Nan	COUNCI ne of City Agency, Department, Commit	ttee or Council	
	comment, or to speak for or against a p	(	) Against proposal
Business or Organization Affiliation:	ge ederation of Hillsic	le and Canyon	n Association
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

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

Date

8/4/2010		LL BE ENFORCED.	/0 _	1001	AGRIDA
I wish to speak before the	Name of City Agency,	C, / Department, Comm	ittee or Council		
Do you wish to provide general	public comment, or to sp	eak for or against a	proposal on the ager		
Name: DAVID GA	ARFINALE			, , , —	inst proposal eral comments
Business or Organization Affiliat	ion: TARZANA	PROPERTY	OWNERS	ASSOC.	
Address: 6073 CA	LVIN AUE	TARZANA	CA	9135	.6
Business phone: Street	7/- 63/0 Representir	City ng: TARZAVA PRI	State  PEATY OWNER	Zip	ς
CHECK HERE IF YOU ARE	A PAID SPEAKER ANI	D PROVIDE CLIENT	INFORMATION BE	ELOW:	
Client Name:				_ Phone #: _	
Client Address:Street		City	State	Zip	
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		and the second s	
Date 8/4/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		enda Item, or Case No.
I wish to speak before the Name	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public co	omment, or to speak for or against a proposa	al on the agenda? ()	
Name: Eric Bruins		(	<ul><li>) Against proposal</li><li>) General comments</li></ul>
Business or Organization Affiliation:	anta Monica Mountains	Lonservan	cy
Address: 5750 Ramine	z Canzon Rd, Malita	LA 90	265
Street Business phone: 310-589-320	Z Canyon Rd Maliba Ox125 Representing:	State	Zip
	SPEAKER AND PROVIDE CLIENT INFOR		
Client Name:		Phor	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.

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.					
	MILLSIDE					
ດ້ວນວັນ Name of City Agency, Department, Committee	or Council					
public comment, or to speak for or against a prop						
-	( ) Against proposal ( ) General comments					
ion: Benzeror Canyon Description, Best	in Buttery Coes NC					
· Conpor Daive Beixey 1/10						
Representing:	· · · · · · · · · · · · · · · · · · ·					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
	Phone #:					
City	State Zip					
	Name of City Agency, Department, Committee public comment, or to speak for or against a propertion:  Service Canyan Assertant, Berring City  Representing:  A PAID SPEAKER AND PROVIDE CLIENT IN					

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Date 8/4/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE	F	No., Agenda Item, or Case No.
. Wien to opean policie and	e of City Agency, Department, Con	nmittee or Council	
Do you wish to provide general public o	omment, or to speak for or against	a proposal on the agend	da? (<) For proposal
Name: LOIS Becker	-		( ) Against proposal     ( ) General comments
Business or Organization Affiliation:	BASPOA		
Address: 3100 Corda	· Dr. L.A.	CA	90049
Street Business phone:	City	Air Skycre	Zipi
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIE	) NT INFORMATION 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.

8-4-10	THE CITY COUNCIL: DECORUM WILL BE		Council File	No., Agenda Item, or Case	No.		
I wish to speak before the	Coty Cour Name of City Agency, Depar		or Council				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal							
Name: Kathy 1				Against propo ( ) General comr	nents		
Business or Organization Affiliation: Tarzana Neighborhood Council  Address: P.O. Bay 57/016 Tarzana, CA 9/357  Street City State Zip							
Address: P.O. 7	Bax 57/016 ci	Tar	2ano, State	@A 9/357	7		
Business phone:	Representing:	arzana	Neughbo	rhood Coax	cil		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:				_ Phone #:			
Client Address:Street	Ci	ty	State	Zip			

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Date 7/4/10	THE CITY COUNCIL'S DECORUM WILL BE	RULES OF	-	enda Item, or Case No.			
I wish to speak before the	Name of City Agency, Depar	tment, Committee or Cou	uncil				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (🔀 For proposal							
Name: SIEUE				) Against proposal ) General comments			
Business or Organization Affiliation: BABCNC							
Address: WLA (Street Business phone: 310 49 9-66	. /		State	Zip			
Business phone: 310 499-68	$\frac{997}{2}$ Representing:	BABCNC		•			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			Phon	ne #:			
Client Address:Street	Cit	1	State	Zip			

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Date 8/3//0	THE CITY COUNCIL'S R DECORUM WILL BE EN	ULES OF Council 1	File No., Agenda Item, or Case No.				
I wish to speak before the	Name of City Agency, Departme	ent, 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:	a Tak		( ) Against proposal ( ) General comments				
Business or Organization Affiliation:							
Address: 11876 /	Mortan fre#30	zhA Ca	90049				
Business phone: Street 3/05/03	9277 Representing:	IWa Zak	Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			Phone #:				
Client Address:	City	State	Zip				
			•				

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