10-1250

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| Date 9/2 5                         | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | 1                 | o., Agenda Item, or Case No.  NSR S ZAJTIEN               |
|------------------------------------|---|-------------------|---|
| I wish to speak before the         | Name of City Agency, Department, Committee of         | or Council        |   |
| Name: Bob Sch                      |   | sal on the agenda | A? ( ) For proposal Against proposal ( ) General comments |
| Business or Organization Affiliati | Show LA   |                   |   |
| Street  Business phone: 2/3~36     |   | State             | Zip   |
| CHECK HERE IF YOU ARE              | A PAID SPEAKER AND PROVIDE CLIENT INFO                | ORMATION BELO     | ow:   |
| Client Name:                       |   |                   | Phone #:  |
| Client Address:Street              | City  | State             | Zip   |

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

| Date                               | THE CITY COUNCIL'S RULES OF                        | Council Fite No., Agenda Item, or Case No.  |
|------------------------------------|--|---|
| 9/25/12                            | DECORUM WILL BE ENFORCED.                          | Pension Reform #25  |
| I wish to speak before the         | City Council                                       |   |
| ·                                  | Name of City Agency, Department, Committee         | or Council  |
| Do you wish to provide general p   | oublic comment, or to speak for or against a propo | osal on the agenda? ( ) For proposal<br>( ) Against proposal<br>( ※) General comments |
| Business or Organization Affiliati | on: L.A. City Employ                               | yee   |
|                                    | nisez St Sp275 L.A.                                |   |
|                                    | OZI Representing: <u>C.1.4 Emp</u>                 |   |
|                                    | A PAID SPEAKER AND PROVIDE CLIENT INF              |   |
| Client Name:                       |  | Phone #:  |
| Client Address:                    | City   | State Zip   |

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| 1 1                                   |   |  |
|---------------------------------------|---|--|
| Date 9/25/12                          | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council, File No., Agenda Item, or Case No.    |
| I wish to speak before the            | y Council   |  |
| Nar                                   | me of City Agency, Department, Committee or           | Council  |
| Name: Judy We                         | comment, or to speak for or against a proposa         | ( i ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation: | AFSCME - Rec, +                                       | Parks  |
| Address: 5/4 Shatto                   | PI, LA  | CA 90020                                       |
| Business phone: 8/8/633 -07           | 67 Representing: <u>Rec. ASS</u>                      | State Zip                                      |
| •                                     | D SPEAKER AND PROVIDE CLIENT INFO                     | !  |
| Client Name:                          |   | Phone #:                                       |
| Client Address:                       | City  | State Zip                                      |
| Sireei                                | ŲR <b>V</b>   | State ZID                                      |

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| Date Q-15           | 9-12   | THE CITY COUNCIL                        |                         | Council File N      | on, Agenda Item, or Case No. |
|---------------------|--|---|-------------------------|---------------------|------------------------------|
| I wish to speak bef |  | ame of City Agency, Depa                | MOJ<br>rtment, Committe | e or Council        | , ,                          |
| Do you wish to pro  | vide general publi   | c comment, or to speak fo               | r or against a pro      | pposal on the agend | Against proposal             |
| Name:               | Wey/   | V ( PM >                                |                         |                     | ( ) General comments         |
| Business or Organ   | ization Affiliation: _   | M91/1/19                                |                         |                     |                              |
| Address:            | 1545   | Wilshore Rh                             | of 8thy                 | lon                 | 90017                        |
| Business phone:     | Street 2 3479-97   | Representing:                           | LARMA                   | SEN L               | cal 3/2 (                    |
| CHECK HERE IF       | YOU ARE A PA   | ID SPEAKER AND PRO                      | VIDE CLIENT II          | NFORMATION BEL      | .ow:                         |
| Client Name:        | and the second s | *************************************** |                         |                     | Phone #:                     |
| Client Address:     | Street   | Ci                                      | tv                      | State               | Zip                          |
|                     |  | ٠,                                      | - <b>/</b>              |                     |                              |

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|  |  |                   | ·  |
|--|--|-------------------|--|
| 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 Name: A My Business or Organization Affiliation | public comment, or to speak for or against a prop<br>1540<br>ion: 540 DU |                   | For proposal     Against proposal     General comments |
|  |  | W                 | 900  |
| Business phone: 494 - 8  | WILSHITE LA City SUN 77  | State             | Ζήρ <sup>ν</sup>                                       |
|  | A PAID SPEAKER AND PROVIDE CLIENT IN                                     | FORMATION BELO    | w:   |
| Client Name:   |  | P                 | none #:  |
| Client Address:Street  | City   | State             | Zip  |

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| Date 09-25-12                      | 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       |                            |
| •                                  | public comment, or to speak for or against a proposition $V_{0}^{*}$ GG $^{+}$ $^{+}$ $^{-}$ On: $V_{0}^{*}$ $^{-$ | _                | / \ A main as much manach  |
| Business or Organization Affiliati | on: 721 SEIU  |                  | •                          |
| Address:Street                     | City  | State            | Zip                        |
| Business phone:                    | Representing:   |                  | MM9(4)(A)                  |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER AND PROVIDE CLIENT INF   | FORMATION BELC   | ow:                        |
| Client Name:                       |   | P                | hone #:                    |
| Client Address:                    | City  | State            | Zip                        |
| Olicot                             | Oity  | Julia            | 1P                         |

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| Date   | THE CITY COUN              | ICIL'S RULES     | OF              | Council File | No., Agenda                  | Item, or Case No.                                 |
|--|----------------------------|------------------|-----------------|--------------|------------------------------|---|
| 9-25-12  | DECORUM WILL               |                  | ı               | (            | 2                            |   |
| 1 2- 10  | ]                          |                  | britani         | ·            |                              |   |
| I wish to speak before the   | Cil                        | , Cou            | nc,1/           |              |                              |   |
| ·  | Name of City Agency, £     | epartment, Co    | mmittee or Co   | uncil        |                              |   |
| Do you wish to provide general  Name:  Business or Organization Affiliat | public comment, or to spec | ak for or agains | st a proposal c | on the agen  | da? ( ) Fo<br>( ) A<br>( ) G | or proposal<br>gainst proposal<br>eneral comments |
| Business or Organization Affiliat  | ion: LA                    | Area             | Cha             | nbe          | o                            | Connect   |
| Address:Street   |                            |                  |                 |              |                              |   |
| Business phone: 2/5/0-   | 756 F Representing         | City             |                 | State        | Zlį                          |   |
| CHECK HERE IF YOU ARE  | A PAID SPEAKER AND         | PROVIDE CLI      | ENT INFORM      | IATION BE    | LOW: L                       |   |
| Client Name:   |                            | ***              |                 |              | _ Phone #:                   |   |
| Client Address:  |                            | Citv             |                 | State        | Zir                          | ·   |

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| Date                             | THE CITY COUNCIL'S              | RULES OF                                | Council File N | No., Agenda Ite        | em, or Case No.            |
|----------------------------------|---------------------------------|---|----------------|------------------------|----------------------------|
| 4-25-12                          | DECORUM WILL BE I               | ENFORCED.                               | سر             | 25                     |                            |
| I wish to speak before the       | City                            | Council                                 |                |                        | 10.00                      |
| ·                                | Name of City Agency, Depart     | ment, Committee or 0                    | Council        |                        |                            |
| Do you wish to provide general p | oublic comment, or to speak for | or against a proposa                    | l on the agenc | ta? ( ) For<br>( ) Aga | proposal<br>ainst proposal |
| Name:                            | Oug Arsena.                     | 17                                      |                | ( ) Ger                | neral comments             |
| Name:                            | on: Valley                      | Industry                                | and to         | mut cl                 | Assoc                      |
| Address:Street                   |                                 |   | State          | Zip                    |                            |
| Business phone: $\frac{8/8/7}{}$ | - ひソン Representing:             |   |                | Ζιμ                    |                            |
| CHECK HERE IF YOU ARE A          |                                 |   |                | ļ                      |                            |
| Client Name:                     |                                 | *************************************** |                | Phone #: _             |                            |
| Client Address:                  | City                            |   | State          | Zip                    |                            |

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| 9/25/n  | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Fuble No.,    | Agenda Item, or Case No.   |
|---|---|---------------|--|
| l wish to speak before the                              | count   |               |  |
| ·   | Name of City Agency, Department, Committee of         | or Council    | · · · · · · · · · · · · · · · · · · ·                            |
| Do you wish to provide general<br>Name: <u>Bob Suho</u> | public comment, or to speak for or against a propo    | _             | ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliat                       |   |               |  |
| Address:Street  | City  | State         | Zip  |
|   | Representing:   |               | ,  |
| CHECK HERE IF YOU ARE                                   | A PAID SPEAKER AND PROVIDE CLIENT INF                 | ORMATION BELO | w:   |
| Client Name:  |   | P             | none #:  |
| Client Address:Street                                   | O.i.  | Chah          | Maga - ,   |
| Street  | City  | State         | Zip  |

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

| Date 9/25/12  | THE CITY COUNCIL'S                |                                 | File No., Agenda Item, or Case No.                               |
|---|-----------------------------------|---------------------------------|--|
| 11-11-2   | DECORUM WILL BE EI                | NFORCED. 25                     | (10-1250)  |
| I wish to speak before the  | City Council                      |                                 |  |
|   | Name of City Agency, Departm      | ient, Committee or Council      |  |
| Do you wish to provide general p  | public comment, or to speak for c | or against a proposal on the ag | enda? ( ) For proposal (※) Against proposal ( ) General comments |
| Name:   | 410NE                             |                                 |  |
| Business or Organization Affiliati  | ion: LIBRARIANS                   | GUILD                           |  |
| Business or Organization Affiliation Address: 5/4 Shatt Street  Business phone: 2/3 703 | o Place Los Ar                    | igeles CA                       | 90020  |
| Street  | City                              | State                           | Zip  |
| Business phone: 2/3 703   | 7100 Representing:                | ibrarlans / LIBRARY 5           | Epvices  |
|   | A PAID SPEAKER AND PROVI          |                                 |  |
| Client Name:  |                                   |                                 | Phone #:   |
| Client Address:Street   | Gitv                              | State                           | 7in  |
|   |                                   |                                 |  |

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

| Date 9/25/51                                  |                                 | OUNCIL'S RULES OF<br>WILL BE ENFORCED. | Council File          | No., Agenda Item, or Case No.                              |
|---|---------------------------------|--|-----------------------|--|
| I wish to speak before the                    | OTY CAUSE<br>Name of City Agent | ピル<br>cy, Department, Comm             | ittee or Council      |  |
| Do you wish to provide general Name:          |                                 |  | proposal on the agend | da? ( ) For proposal Against proposal ( ) General comments |
| Business or Organization Affiliat             | ion: AFS                        | CME                                    |                       |  |
| Address: 5/4 Street Business phone: 73/87-988 | SHATTO PD                       | L A City                               | State                 | 90020<br>Zip   |
| Business phone: 73487-988                     | 7 <sup>X</sup> 341 Represer     | nting: <u>CLEVICAL</u>                 | AND Support           | 2 SERVICES ON PLAYE  |
| CHECK HERE IF YOU ARE                         | A PAID SPEAKER A                | ND PROVIDE CLIENT                      | T INFORMATION BE      | LOW:   |
| Client Name:                                  |                                 |  |                       | Phone #:   |
| Client Address:                               |                                 | City                                   | State                 | Zip  |

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| Date 9/2 %                         | THE CITY COUNCIL<br>DECORUM WILL BE |   | Council File No. | , Agenda Item, or Case No.  |
|------------------------------------|-------------------------------------|---|------------------|---|
| 1/20                               | A                                   |   |                  |   |
| I wish to speak before the         | Council                             |   |                  |   |
|                                    | Name of City Agency, Depa           | rtment, Committee or C                    | Council          |   |
| Do you wish to provide general p   | public comment, or to speak for     | or or against a proposa                   | on the agenda?   | <ul> <li>( ) For proposal</li> <li>( ) Against proposal</li> <li>( ✓) General comments</li> </ul> |
|                                    | (C)                                 | <b>-</b>                                  |                  |   |
| Business or Organization Affiliati | on: SELU (                          | 2(  |                  |   |
| Address: 1545 W                    | Oshire Li                           | A   | CA               | 90027   |
| Business phone: 213 · 368          | S 460/ Representing:                | 72/                                       | State            | Zip   |
|                                    |                                     |   |                  |   |
| CHECK HERE IF YOU ARE A            | PAID SPEAKER AND PRO                | OVIDE CLIENT INFOF                        | RMATION BELC     | PW:   |
| Client Name:                       |                                     | 4. W. | P                | hone #:   |
|                                    |                                     |   |                  |   |
| Client Address:Street              | C                                   | ity                                       | State            | Zip   |

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| Date $9/25$  |                   | OUNCIL'S RULES OF WILL BE ENFORCED. | Council File No       | , Agenda Item, or Case No.                                       |
|--|-------------------|-------------------------------------|-----------------------|--|
| I wish to speak before the                           | Counc             | 14                                  |                       |  |
|  | Name of City Ager | icy, Department, Committ            | ee or Council         |  |
| Do you wish to provide general Name: MARK KL         | EW                |                                     | roposal on the agenda | ? ( ) For proposal<br>( Against proposal<br>( ) General comments |
| Business or Organization Affiliat                    | ion: 2610         | 121                                 |                       |  |
| Address: 1545 W                                      | Uskine            | L.A.                                | State                 | 900(7  |
| Address: 1545 W<br>Street<br>Business phone: 2/3-368 | 5-860 Represe     | nting: Secure                       | Lettre ment           | Zip  |
| CHECK HERE IF YOU ARE                                |                   |                                     |                       | ow:  |
| Client Name:   |                   |                                     | F                     | hone #:  |
| Client Address:                                      |                   | City                                | State                 | - Zin  |

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| Date 9/25//2  I wish to speak before th | DECORUM WILL                       | ICIL'S RULES OF<br>. BE ENFORCED. | <b>1</b>                | Agenda Item, or Case No.  |
|---|------------------------------------|-----------------------------------|-------------------------|---|
| 1 Wish to speak perore an               | Name of City Agency, D             |                                   | nittee or Council       | ***************************************                             |
| Do you wish to provide of               | general public comment, or to spec | ak for or against a               | proposal on the agenda? | P ( ) For proposal<br>( t) Against proposal<br>( ) General comments |
| Business or Organization                | Affiliation: Coaling               | of LA                             | . City Umas             | /CAUNATT  |
| Address:                                | . 1                                | O'i                               | /                       | 72  |
|   | Representing                       | City                              | State                   | Zip   |
| CHECK HERE IF YOU                       | ARE A PAID SPEAKER AND             | PROVIDE CLIEN                     | T INFORMATION BELC      | •w:   |
| Client Name:                            |                                    |                                   | P                       | hone #:   |
| Client Address:                         |                                    |                                   |                         |   |
| Stree                                   | et .                               | City                              | State                   | Zip   |

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| 9-25-12   | THE CITY COUNCIL<br>DECORUM WILL BE |                | Council File No | ., Agenda Item, or Case No.             |
|---|-------------------------------------|----------------|-----------------|---|
| I wish to speak before the  |                                     | - <del> </del> |                 |   |
| 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 |                                     |                |                 |   |
| Name: PAT M   | COSKER                              |                | -               | ( Against proposal ( ) General comments |
| Business or Organization Affilia  | ation: UNITED E                     | ville 164T     | ees             |   |
| Address: 1571 0   | every BL.                           | LA.            | CA              | 90026                                   |
| Business or Organization Affilia  Address: 1571 Street  Business phone: 485-  | Ci<br>- <u>こっ</u> Representing:     | ty             | State           | Zip                                     |
| CHECK HERE IF YOU ARE   |                                     |                |                 | ow:                                     |
| Client Name:  |                                     |                | F               | Phone #:                                |
| Client Address:Street   | Ci                                  | ty             | State           | Zip                                     |

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| S(V7.25,20)2                          | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No.  | , Agenda Item, or Case No.                                 |
|---------------------------------------|---|-------------------|--|
|                                       |   | 10002             | 0  |
| I wish to speak before theC_          | (Ohal   |                   |  |
| Naf                                   | ne of City Agency, Department, Committee or           | Council           |  |
| Do you wish to provide general public | comment, or to speak for or against a propose         | al on the agenda? | ( ) For proposal ( ) Against proposal ( ) General comments |
| Name: // // // //                     | CAR IVIE  |                   | ( ) General comments                                       |
| •                                     |   |                   |  |
| Address:                              |   |                   |  |
| Street                                | City  | State             | Zip  |
| Business phone:                       | Representing:   |                   |  |
|                                       |   |                   |  |
| CHECK HERE IF YOU ARE A PAII          | O SPEAKER AND PROVIDE CLIENT INFO                     | RMATION BELO      | •W:  |
| Client Name:                          |   | P                 | hone #;  |
| Cliant Addrage:                       |   |                   |  |
| Client Address: Street                | City  | State             | Zip  |

CITY OF LOS ANGELES SPEAKER CARD

Ocity in films

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU WES

|  |   |                   | CALAC   |
|--|---|-------------------|---|
| Date /   | THE CITY COUNCIL'S RULES OF                         |                   | o., Agenda Item, or Case No.  |
| 9/25   | DECORUM WILL BE ENFORCED.                           | +                 | <i>≠</i> 25   |
| I wish to speak before the   | City Coursil  |                   |   |
| ,  | Name of City Agency, Department, Committee o        | r Council         |   |
|  | oublic comment, or to speak for or against a propos | sal on the agenda | (? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Name:  | 20110 001000  |                   | - ( ) General Comments  |
| Business or Organization Affiliation                                       | on:   |                   |   |
| Address:   |   |                   |   |
| Address:Street   | City  | State             | Zlp   |
| Business phone:  | Representing:                                       |                   |   |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |   |                   |   |
| Client Name:   |   |                   | Phone #:  |
| Client Address:  |   |                   |   |
| Street   | City  | State             | Zip   |

For Rund DNS

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|  |  |                     | <u> </u>  |
|--|--|---------------------|---|
| Date   | THE CITY COUNCIL'S RULES OF                      | Council File No.,   | Agenda Item, or Case No.  |
| 9-25-12  | DECORUM WILL BE ENFORCED.                        | 1.25                |   |
| I wish to speak before the                           | CITY Council                                     |                     |   |
|  | Name of City Agency, Department, Committee       | or Council          |   |
| Do you wish to provide general puntations: 2011 Mult | ublic comment, or to speak for or against a prop | osal on the agenda? | ( ) For proposal<br>(-X) Against proposal<br>( ) General comments |
| Business or Organization Affiliatio                  | n: LA)OC BUILIDING TO<br>EVERLY SUD              | 406S                |   |
| Address: 100 9 130 Street  Business phone: 213 483   | V(+)   | State               | Zip   |
|  | PAID SPEAKER AND PROVIDE CLIENT INI              | ORMATION BELO       | w:  |
| Client Name:   |  | P)                  | none #:   |
| Client Address:                                      |  |                     |   |
| Street   | City   | State               | Zip   |

For Road

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| Date                                 | THE CITY COUNCIL'S RULES OF                    | Council File No., Age   | nda Item, or Case No.                    |
|--------------------------------------|--|-------------------------|--|
| 9.25-12                              | DECORUM WILL BE ENFORCED.                      | 10125                   | 00(32)                                   |
| wish to speak before the             | 4 Comed  |                         |  |
| ,                                    | Name of City Agency, Department, Commit        | ttee or Council         |  |
| Do you wish to provide general p     | public comment, or to speak for or against a p | proposal on the agenda? | For proposal                             |
| Name: Vi Ki                          | dicache  | (                       | ) Aĝainst proposal<br>) General comments |
| Business or Organization Affiliation | on:  |                         |  |
| Address: 710 W                       | Hamilton P 5                                   | P 9073                  | ]  |
| Street                               | City   | State                   | ' Zip                                    |
| Business phone:                      | Representing:                                  |                         |  |
| CHECK HERE IF YOU ARE A              | A PAID SPEAKER AND PROVIDE CLIENT              | INFORMATION BELOW:      |  |
| Client Name:                         |  | Phone                   | e #:                                     |
| Client Address:                      |  |                         |  |
| Street                               | City   | State                   | Zip                                      |