	South Control of the	Transpire			
Date (2)(1/1)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	John WASH	City Court			
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	( ) Against proposal			
Business or Organization Affiliation:					
Address:					
Address: Street	City	State Zip			
	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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/Time Submitted 03/01/2011 10:08 AM

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

14

wish to speak before the	Council		
	Name of City Agency, Department	, Committee or Council	
Do you wish to provide ger Name:	eral public comment, or to speak for or against a p <b>DONNA PEARMAN</b>	roposal on the agenda? ( ((	) For proposal ) Against proposa ) General commer
Business or Organization A	filiation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:  Phone No.:	
Client Address:	Street City	State	Zip

Date/Time Submitted 03/01/2011 10:06 AM Council File No., Agenda Item, or Case No. **14** 

I wish to speak before	the	Council		-
		Name of City Agency, Department, Comm	ttee or Council	
Do you wish to provide Name:	general public commo	ent, or to speak for or against a proposa <i>Mariam Fogler</i>	l on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
Business or Organizatio	on Affiliation:			
Address:				
S	treet	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF YOU	ARE A PAID SPEAKI	ER AND PROVIDE CLIENT INFORMAT	ION BELOW:	
Client Name:		Phor	ne No.:	and a second
Client Address:				
	Street	City	State	Zip

Date/Time Submitted 03/01/2011 10:15 AM

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

14

I wish to speak before the		Council		
	Name of City A	gency, Department, Con	nmittee or Council	
Do you wish to provide general Name:	public comment, or to speak for RICK KNIGHTIN		osal on the agenda? ( ( (	) For proposal ) Against proposal ) General comments
Business or Organization Affiliat	ion:			, <u></u>
Address:				
Street		City	State	Zip
Business phone:	Representing:	Marine Marine		
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE	CLIENT INFORM	ATION BELOW:	
Client Name:		Ph	none No.:	
Client Address:				
Stre	eet	City	State	Zip

Date 3/1/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Commit	tee or Council	
Do you wish to provide general provide Reneral provide general	public comment, or to speak for or against a p	roposal on the agenda?	For proposal     Against proposal     General comments
Business or Organization Affiliat	ion: PUMAS		
Address: 4051 E. 53 Street	Representing:	State	90770 Zip
Business phone: 323 585-89	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	<b>/</b> :
Client Name:		Ph	one #:
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 3-1-2011	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, Committe	ee or Council				
Do you wish to provide general	public comment, or to speak for or against a pro					
Name: Maurice	Cole	( / Against proposal ( ) General comments	;			
Business or Organization Affiliation: Baker CommoD/Hes						
Address: 40 Z0 E	3 Bandini Notice	WENON CA 90059 State Zip				
Business phone:	Representing:Representing:	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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THE CITY COUNCIL'S RULES OF

Date

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

) - 1 - 601) DE	CORUM WILL BE ENFORCED.		
I wish to speak before theName of	City Agency, Department, Committee	or Council	
Trains of	only rigorosy, Dopartmont, Committee	, or obarion	
Do you wish to provide general public comm	nent, or to speak for or against a prop		
Name: RICHARD A. MAY-	Linez		(
Traine.			
Business or Organization Affiliation:	ner John		
Address: 7431 Unosey AL	1 Pico Rusem	Ca	90660
			Zip
Business phone: (323 583 - 4621	Representing: Tarner	10HJ	
CHECK HERE IF YOU ARE A PAID SPI	EAKER AND PROVIDE CLIENT IN	FORMATION BELOW	<b>/</b> :
Client Name:		Pho	one #:
Client Address			
Client Address:	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 DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	LA City Council	Mk
, , ,	Name of City Agency, Pepartment, Committee of public comment, or to speak for or against a propo	$\cup$
	ion: VERNON CHAMBE	
Address: 3801	S Santa Fe VER 3-331 Representing: BUSINESS	NON 9005
Business phone: $323-58$	3-33 Representing: BUSINESS	Workers/ unions
	A PAID SPEAKER AND PROVIDE CLIENT INFO	
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.

Council File No. Agenda Item or Case No.

Date

3.1111		COUNCIL'S RULES OF WILL BE ENFORCED.		4
I wish to speak before the				
	Name of City Age	ncy, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to	o speak for or against a prop	osal on the agenda	
Name: 131LL HUG	HES			( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: KING W	MEAT, INC		
Address: 4215 EXCHI	ANGE AVE	VERNON	CH.	90058
Address: 4215 EXCH AStreet  Business phone: (3,3) 584	- 7700 Represe	enting: KING MEA	State	`
CHECK HERE IF YOU ARE				
Client Name:			P	hone #:
Client Address:			0:	
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.

Date 3-/-//	THE CITY COUNCIL DECORUM WILL BI		Council File N	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep		or Council	
Do you wish to provide general p	Soff		osal on the agend	la? ( ) For proposal Against proposal ( ) General comments
Business or Organization Affiliat	ion: Kall Plastic	2		· · · · · · · · · · · · · · · · · · ·
Address: 2050 E	east 48th st.	Vernon	CA	900 58
Business phone: 323-56/	1-6194 Representing:	BUSINESS	/works	/ luni uns
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PR	OVIDE CLIENT INF	ORMATION BEI	-ow:
Client Name:				Phone #:
Client Address:Street	(	Dity	State	Zip

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

# 7 LOS ANGELES SPEAKER RD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Name of City Agency, Bepartment, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal Against proposal General comments Name: Business or Organization Affiliation: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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

City

Client Name:

Client Address:

NOTE: THIS IS A PUBLIC DOCUMENT.

Phone #:

Zip

State

Narch 1 601	COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Name of City Age	ency, Department, Committee or	Council
Do you wish to provide general public comment, or Name: $FaHe = Toka$ Susiness or Organization Affiliation: $Holy A$	to speak for or against a proposa	al on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Address: 4432 S. Santa F	edv Vernon.	CA 90058 State Zip
Business phone: 323 · 587.206 Repres  CHECK HERE IF YOU ARE A PAID SPEAKER	<i>(</i>	
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 3/1/1/	THE CITY COUNCIL'S RUDECORUM WILL BE ENF	JLES OF	council File No., A	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departme	nt, Committee or Cour	ncil	
Do you wish to provide general	public comment, or to speak for or	against a proposal on	the agenda?	( ) For proposal
Name: Stan	StosEL			( Against proposal ( ) General comments
Business or Organization Affiliat	, , , , , , , , , , , , , , , , , , ,	7		
Address: 600 N.	DIAMOND BAN BLUD.	1 Aignoul BAR	CA State	9/7/5 Zip
Business phone: 909-260	3686 Representing:	UERON WHI	Hy W	orkers
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORMAT	TION BELOW	<b>/</b> :
Client Name:			Ph	one #:
Client Address:	City		State	Zip
Street	City		Siale	Ζiþ

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

Date 2 (1)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE	)r	le No., Agenda Item, or Case No.
I wish to speak before the	City Counci	. (	
Do you wish to provide general p	Name of City Agency, Department, Corpublic comment, or to speak for or against		enda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliati	ion: Tarms Tar		12
Address: Street  Business phone:	676-712-796 Pity Representing:	COVIMA	Zip Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION B	ELOW:
Client Name:			Phone #:
Client Address: Street	City	State	Zip

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CITY	LUS ANGELES SPEAKER	KD .
	HE CITY COUNCIL'S RULES OF ECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	City Conv	7 Ci
Name of	City Agency, Department, Committee or	Council '
Do you wish to provide general public common Name:		Against proposal
Name: Fe IV COIS		( ) General comments
Business or Organization Affiliation:	S. Growers Co	ld STORAX INC
	47457 Vernon	CA 90058
Business phone: 33 587-316	Representing: 165 E	mployees.
CHECK HERE IF YOU ARE A PAID SP		
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.

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Date /	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
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/11 40	DECORUM WILL BE ENFORCED.	40 9 9
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/ //	- / /	
I wish to speak before the	ne of City Agency, Department, Committee or	
Nam	ne of City Agency, Department, Committee or	Council
Do you wish to provide general public of	comment, or to speak for or against a proposa	I on the agenda? (`) For proposal
		( ) Against proposal
Name: Agyntin Ceba	e leg	( ) General comments
· /		
Business or Organization Affiliation:	Eclo Part Courcil  of PHO LA.  City	
6/1/2 660	+ D1.16 14	111 10006
Address: / 4 / 6 9 4 ye	11 P/#0 -4 .	CA 9000
Street	City	State Zip
Business phone:	Representing: Ecar Dut	
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CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELOW:
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3/1/2011		UNCIL'S RULES OF LL BE ENFORCED.			No., Agenda Item, or Cas	e No.
I wish to speak before the	Name of City Agency	COONC , Department, Comn		ouncil		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal Name: ( ) General comments						
Business or Organization Affiliation: LA COUNT FOR OF WOR						
Address: 2(30 DATE				<u> </u>	90001	2
Business phone: 23-78-9				State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORG	S OF	No., Agenda Item, or Case No.
I wish to speak before the		·	
	Name of City Agency, Department, C	committee or Council	
Do you wish to provide general post	public comment, or to speak for or again	nst a proposal on the agen	da? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: GOLDBERG & S	DLDV4 FOODS	
Address: <u>5925</u>	ALCOA AVE VER	non CA	90058
Business phone: 325 58	City City Representing:	State*	Zip
	A PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 3~1-11		JNCIL'S RULES OF LL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the <u>ん</u> 角	Name of City Agency	ور/ , Department, Committe	e or Council	
Do you wish to provide general pu	ublic comment, or to sp	oeak for or against a pro	posal on the agenda?	(X) For proposal $AB^{-4C}$
Name: Caroven Vale	encia			( ) General comments
Business or Organization Affiliation	on: Pourre	ction Chur	oh .	
Business or Organization Affiliation Address: 1162 Street	verange ST	L A City	State	90023 Zip
Business phone: 263,702	Representi	ng:		-
CHECK HERE IF YOU ARE A	PAID SPEAKER AN	D PROVIDE CLIENT IN	IFORMATION BELO	w:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip
Please see reverse of card fo	r important information	and submit this entire o	ard to the presiding o	fficer or chairperson.

Date

March 1,2011	DECORUM WILL BE ENFO		14
I wish to speak before the	A City Cancil		,
	Name of City Agency, Department	, Committee or Council	/
Do you wish to provide general p	public comment, or to speak for or ag	gainst a proposal on the agen	da? ( ) For proposal
Name: JACKIE !	Ritacco		( ) Against proposal ( ) General comments
Business or Organization Affiliati	ion:		
Address:Street	City	State	Zip
Business phone: 714 227-	-1234 Representing:	State	Σιμ
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:	Cit.	0444	7:
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 Mark 1, 204	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No	ų.
I wish to speak before the	Cos Augeles Cifi Co		
	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 ( ) Against proposal	İ
Name: Frank Vo	11a 6805	( \ Conord common	
	ion: Barris Planners		
Address: Street	City	State Zip	
	·	•	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:	
Client Name:		Phone #:	
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

	CITY _ F LOS ANG	ELES SPEAKER	.RD	
Date Wash 2, 2011	THE CITY COUNCI DECORUM WILL B		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Cos Angeles	City Cou	real	
	Name of City Agency, Dep	artment, Committee or	Council	
Do you wish to provide general Name:				/ \ \ Against proposal
Name:	ion: CA LEGIS CAFINE	Carcus I	estehr	& Pustic boling
Address:				
Street		City	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	OVIDE CLIENT INFO	RMATION BELO	w:
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 3 - 1 - 1)	THE CITY COUNCI DECORUM WILL B		Council File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	DANLI L partment, 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 ) Against proposal ) General comments
Business or Organization Affiliat	ion: UNITED	FIREF16t	HTERS	
Address: 1571 B	everly bi	City A	9007( State	⊃ Zip
Business phone: 485-2	Pepresenting: _	FIREFIL	ohrens	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PF	ROVIDE CLIENT INFO	PRMATION BELOW:	
Client Name:			Pho	ne #:
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		enda 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 proper	/9	For proposal ) Against proposal ) General comments
Business or Organization Affiliat	ion: East Vard Communities +		
	Hlantic Commerce	State	900H0
Business phone: 323)26	3-213 Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:	
Client Name:		Pho	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.

Date	THE CITY COUNCIL	'S RULES OF	Council File Nó.,	Agenda Item, or Case No.
Mark 1, 2011	DECORUM WILL BI	E ENFORCED.	14	· · · · · · · · · · · · · · · · · · ·
I wish to speak before the	Los Ange	les City C	Covered	
Nam	e of City Agency, Dep	artment, Commíttee or	Council	
Do you wish to provide general public	comment, or to speak f	or or against a proposa	al on the agenda?	(⋈) For proposal ( ) Against proposal
Name: Ed VARELA		,		( ) General comments
Business or Organization Affiliation:	City of Ma	ywood		
Business or Organization Affiliation:  Address:	à Au	lagrock	G	90270
Street	(	City 0	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PR	OVIDE CLIENT INFO	RMATION BELO	N:
Client Name:			Pt	none #:
Client Address:		City	State	Zip
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# CITY LOS ANGELES SPEAKER ....RD

Date MARCH 1, 2011		COUNCIL'S RULES OF  M WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
1 man 1 will	DECORUI	W WILL DE ENTORCED.		
I wish to speak before the		City Courcis		
	Name of City Ag	ency, Department, Committe	e or Council	
Do you wish to provide general p		to speak for or against a pro	pposal on the agenda	a? (👟) For proposal ( ) Against proposal
Name:	FARRA			( ) General comments
Business or Organization Affiliat				
Address: 1454 D	EMOYNE "	Start Apt #2	Los Argelo	CA 90026
Business phone: 218-595-1		•	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT II	NFORMATION BEL	ow:
Client Name:		•		Phone #:
Client Address:				
Street	•	City	State	Zip

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# CITY LOS ANGELES SPEAKER ( .RD

March 1, 2011		OUNCIL'S RULES OF	·	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	los	Argeles	(i6	Coun	C
	Name of City Ager	ıcy, Department, Comn	nittee or Cou	uncil	
Do you wish to provide general p	oublic comment, or to	speak for or against a	proposal or	the agenda?	( ) Against proposal
Name: Ari Ruz					( ) General comments
Business or Organization Affiliati	ion: Commiss	loner - Cit	1 of	LA	
Address: P.O. BOX 32	25, 7985 5	ianta Munica	Blud.	CA	90046
Business or Organization Affiliation Affiliation Affiliation Address: P.O. Box 32  Street  Business phone: 88.246.	5465 Represe	City nting:		State	Zip
CHECK HERE IF YOU ARE A					
Client Name:				Ph	none #:
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 3/1/11	THE CITY COUNDECORUM WILL	CIL'S RULES OF BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	LA Caty (	Ouncil epartment, Committee	or Council	
Do you wish to provide general	oublic comment, or to spea	k for or against a propo	osal on the agenda	? ( For proposal ) Against proposal
Name: <u>LMA A</u>	LLOUR		1770,	( ) General comments
Business or Organization Affiliat	ion: Duin	de Vee	inds	
Address: 346 8. (	iless Li	4	90033	
Street Business phone:(312))908	Representing:	City C	Le Veci	2ip NOS
CHECK HERE IF YOU ARE	A PAID SPEAKER AND F	PROVIDE CLIENT INF	ORMATION BEL	ow:
Client Name:				Phone #:
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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 DECORUM WILL BE ENFORCED.	Council File No., Agerida Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
	public comment, or to speak for or against a prop	posal on the agenda? (人) For proposal	
Name: SARA	2. miTARES	( ) Against proposal ( ) General comments	;
Business or Organization Affiliat		Cum	<u>ب</u>
Address: 9638 G	REENLEAF. WHITTIER  City  60 23 Representing: Mundo Ma	CA 90605 teyina	le L
Business phone: 572-505	6023 Representing: Mun do Ma	iga Forendation White	4
	A PAID SPEAKER AND PROVIDE CLIENT IN		
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 March 1, 2011	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	los Augels	Ci4 Co	Orca (	
	Name of City Agency, Departr	nent, Committee or t	Couricii	
Do you wish to provide general p	,	or against a proposa	I on the agenda?	( For proposal ) Against proposal
Name: MALK	VARSAS			( ) General comments
Business or Organization Affiliati	on:			
Address: Street	West Sixth St.	vet, les An	ylle CA	90017
Business phone: 386 54	6708 Representing:	,	State	∠ıp
CHECK HERE IF YOU ARE A				
Client Name:			Pł	none #:
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 Mash 1, 2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	los Angles 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 prop	osal on the agenda? ( ) For proposal ( ) Against proposal
Name: Heren	A/MRADE	( ) Conord comments
Business or Organization Affiliati	PALAG	
Address: 3622 0	7. 549USON 4	144W000
Business phone: (Street	City Representing:	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State 7in

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	-A CHY COUNCIL		
	Name of City Agency, Department, Comm	nittee or Council	
	public comment, or to speak for or against a	proposal on the agenda?	P (X) For proposal ( ) Against proposal
Name: VOE C	TORRED, JR		( ) General comments
Business or Organization Affiliat	ion:		
Address: 0540 AK	FORD DR, LOS AL	46ELES	90072
Business phone: 3333	City Representing:	State	ZIP
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELO	w:
Client Name:		P	hone #:
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Date	THE CITY COUNCIL'S RULES OF	Council File No., A	genda Item, or Case No.
MARC), 2000	DECORUM WILL BE ENFORCED.	//	
I wish to speak before the	Ax los Agueles Ci	6 Covie	
	Name of City Agency, Department, Committee	ee or Council	
Do you wish to provide general  Name:	public comment, or to speak for or against a pro	oposal on the agenda? (	) For proposal ) Against proposal ) General comments
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	tion: Red HOV /SV		
Address:	N. MAN ST. LA CA 91	HOR(	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 3   1   11	THE CITY COUNCIL		Council File No., Agend	a Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	artment, Committee or C	ouncil	
Do you wish to provide general	public comment, or to speak f	or or against a proposal	on the agenda? ( ) I	or proposal
Name: Leon	Zekaria			Against proposal General comments
Business or Organization Affiliat	ion: Presiden	t & ceo	WINDSO	R FASHIONS
Address: 4533	pacific Blod.	LA. CA	90058	
Address: $\frac{4533}{\text{Street}}$ Business phone: $323282$	GOOO Representing:	employees	State :	Zip C dV
CHECK HERE IF YOU ARE			Г	
Client Name:		·	Phone :	#:
Client Address:Street		Dity	State	Zip

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Date March 2, 2011		NCIL'S RULES OF LL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Los Angel	os City	Courcil	
	Name of City Agency,	Department, Còmmi	ttee or Council	
Do you wish to provide general p	•		•	For proposal Against proposal
Name! R John Mor	retta		(	) General comments
Name Tohn Mor Business or Organization Affiliati	on: Resur	rections Ch	urch	
Address: 339,4 Street	Pal 5t.	Le De City	900 13 State	7in
Business phone: 323.368		•	Giale	z-ib
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BELOW	:
Client Name:			Pho	ne #:
Client Address:				
Street		City	State	Zip

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Date	0 11 11 12001 12001 11 11 120 120 120	JNCIL'S RULES O LL BE ENFORCEI		o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,	Journal, Department, Com	nmittee or Council	AB 40
Do you wish to provide general r	oublic comment, 🍂 ţo sp	peak for or against	a proposal on the agenda	
Name:	Rosa Jong	ala	) — ()	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: Nesurer	tion (	huseh	
Address: 3324 E			State	90023
Address: $3324E$ (Street. Business phone: $3333368$	Representir	ng:	self	
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIE	NT INFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:Street		City	State	Zip

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Date 3 - / - / /	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	- 1 4	Agenda Item, or Case No.
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: ()/h /	100000-1		( Against proposal ) General comments
Business or Organization Affilia	tion: BAKER GOMY	18 6 17 15C	100
Address: 4026 Street	BXODA/BC	State	P D TO Zip
Business phone: 343 348	Representing:	Oldie	•
•	A PAID SPEAKER AND PROVIDE CLIEN	NT INFORMATION BELO	w:
Client Name:		PI	hone #:
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	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCE	lana lana	o., Agenda Item, or Case No.
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	Name of City Agency, Department, Con	nmittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against	a proposal on the agenda	? ( ) For proposal ( ) Against proposal ( ) General comments
name:	NICH IIVC		- ( ) denotal comments
Business or Organization Affiliat	ion:		
Address: <u>5928 Bon Ald</u>	er Ave Whitier	C/A State	90606
	Representing: ReSUTTEC		Ζιμ
	A PAID SPEAKER AND PROVIDE CLIE		ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 03-01-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
There is speak bolors in	Angeles CIty Coul	
	e of City Agency, Department, Committee or	
<i>i</i>	omment, or to speak for or against a proposa	( ) Against proposal ( ) General comments
Business or Organization Affiliation:		pety
Address: 2950 Street	VAn Bupen PLACE, 1	State
Business phone: 323-735-3862		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
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

3/1/ 2011	THE CITY COUNC DECORUM WILL I		14-10	686
I wish to speak before the	Name of City Agency, De	partment, Committee or C	Council	
Do you wish to provide general pu	blic comment, or to speak	for or against a proposal	on the agenda?	For proposal
Name: Tenesh	MARGUE	2	(	Against proposal General comments
Business or Organization Affiliation		SA		
Address: $3/22$	- 3Nd	ST		
Address: $3/2$ E Street Business phone: $3/3/2$	73-250 (S Representing:	City	State	Zip
CHECK HERE IF YOU ARE A			MATION BELOW	:
Client Name:			Pho	ne #:
Client Address:		City	State	Zip
Street		Oity	State	ΖIÞ

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Date 3/1/11	THE CITY COUNCIL DECORUM WILL BE		Council File No., A	Agenda Item, or Case No.
Luciob to among before the	LA 1.	16.16	,	· ·
I wish to speak before the	Name of City Agency, Depart	artment, Committee or 0	Council	
Do you wish to provide general pub	lic comment, or to speak fo	or or against a proposa		
Name: DEAN Kic	LNEVS			Against proposal  ( ) General comments
Business or Organization Affiliation:				F 23/2
Address: 4305 5 ANT	AFE V	ERNON	<u>CA</u> State	90058
Business phone: 7/4595-3				Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PRO	OVIDE CLIENT INFOR	RMATION BELOW	/:
Client Name:			Ph	one #:
Client Address:		Na.	Ctata	7:
Street	C	City	State	Zip

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

Date		Council File No., Agenda Item, or Case No.
	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	14
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I wish to speak before the	Ly Couri	
	Name of City Agency, Department, Committee o	r Council
Do you wish to provide general p	oublic comment, or to speak for or against a propos	
Name: Richard	I Steve Freed	( -) Against proposal ( ) General comments
	ion: Veryor grafenty 4550C.	
Address: 6075 W The	NOST # 302 Los Amelis	CA 90048
Business phone: 323 936 9	232 Representing: Very Jacquety	State Zip Associahar
_	A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date			
MARCH	1,	2011	

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

I wish to speak before	ore the LA	City Cou	NCIL		
·		e of Caty Agency,	Department, C	ommittee or Council	<i>y</i>
		•	eak for or agair	st a proposal on the agenda	? ( / ) For proposal ( ) Against proposal ( ) General comments
Name:	TRICIA AL	ARCON	1		- ( ) General Comments
Business or Organ	ization Affiliation:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hlle		
Address:		/ 01			
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Business phone: _		Representing	g:		
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND	PROVIDE CL	IENT INFORMATION BELO	ow:
Client Name:				F	Phone #:
Client Address:			<u> </u>		
	Street		City	State	Zip

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

Date 3-1-1/	THE CITY COUNCIL	'S RULES OF E ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	QUUCILS artment, Committee or C	Council	
Do you wish to provide general p	public comment, or to speak	or or against a proposal	on the agenda?	( ) For proposal
Name: Janvigo K	esender)			Against proposal     General comments
Business or Organization Affiliation		omno dito	EP IN	Control Contro
Address: 4020 Band	livi Ber	VERNES	Q4= State	90058
Street Business phone:313-268-	280 / Representing:	Dity	State	Zip
CHECK HERE IF YOU ARE A			MATION BELOV	w:
Client Name:			Pł	none #:
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Street		City	State	Zip

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

Date 2 9 1  I wish to speak before the Name	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Do you wish to provide general public co	omment, or to speak for or against a proposa	
Name:	MARANTZ	Against proposal  ( ) General comments
Business or Organization Affiliation:	MARANTZO	ACSOC
Address: 23(E	5/5/5/ VEANON City Representing: CHAMB	State 7in
Business phone: 3 23 58	86800 Representing: CHAMB 3	ER O FCOMMENC
	SPEAKER AND PROVIDE CLIENT INFOR	
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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March 1 2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
I wish to speak before the	e of City Agency, Department, Committee	or Council	
Nam	ic of only Agency, Department, Committee	or courien	
Do you wish to provide general public of	comment, or to speak for or against a prop	osal on the agenda?( `	) For proposal ) Against proposal
Name: DOW CAN	-74	(	) General comments
Business or Organization Affiliation:	457 S. Main ST.	#330	9-013
Address:			
Street  Business phone: (213) 256-2	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phon	e #:
Client Address:	Ch.	Chan	7:-
Street	City	State	Zip

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

Date

Date 3 ~ / ~ 201/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	s Angeles city co	JUNC/L	
	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	al on the agenda	?()For proposal ()Against proposal
Name: Telipe	Aguirre		( ) General comments
Business or Organization Affiliati		000 00	JUNCILMAN
Address: 43 9 7	SIAUSON AUE MA	Y W O O'S State	$\Delta$ $q$ $D70$
Business phone: 323 446 6	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
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Street	City	State	Zip

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