CITY OF LOS ANGELES SPEAKER CARD

Date 7/29/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., 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	oublic comment, or to speak for or against a propo	osal on the agenda	a? (ܐ́) For proposal
Name: Tod Lip	olca		() Against proposal () General comments
Business or Organization Affiliat	ion: Stun Vie in Jeuna St.	Inc.	
Address: 1057 W	. Ving A LA	[so	9003F
Business phone: 310394	NING A LA City HUNG	State State	^ Zip
	A PAID SPEAKER AND PROVIDE CLIENT INF		ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire car	d to the presiding	officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

Date 7/25/12	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 proposa	I on the ager	nda? (以 For proposal () Against proposal		
Name: Valid (as a			() General comments		
		MOGENA.	ent Carlo		
Address: 101/ La (Cienega Blvd #103 North Hollyma	State	40001 Zip		
Business phone: 323-463-	0377 Representing: Den Ktay				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name: But 1640	<u> </u>		_ Phone #: 323 466 - 90		
Client Address: 639 5	leanos Ave Los Angeles	State	4038 710		
Street	or important information and submit this entire card t		na officar ar chairnerson		
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	CITY OF LOS ANGELES SPEAKER	0 A DD			
	CITY OF LOS ANGELES SPEAKEN		,		
Date 7-2 5-2012	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 C	Council			
Do vou wish to provide general r	public comment, or to speak for or against a proposal		da? (X For proposal		
Name: Ben Kitay			() Against proposal () General comments		
Business or Organization Affiliation	on: K.lay Studios		,		
Address: 609 Elew	ACT LOS Araples City	<u> </u>	<u> 100% </u>		
Street Business phone: 323-46	90/5 Representing: XIF	State	ΖΙΡ		
	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION 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.