Date* 10-19-11	'	NCIL'S RULES OF L BE ENFORCED.	A.	Council File No.	, Agenda Item, or Case No. 2) 10 - /947
I wish to speak before the	City Name of City Agency, E	()UNCI) Department, Comr		ıncil	
Do you wish to provide general	public comment, or to spe	ak for or against a	a proposal on	the agenda	
Name: W.P.	s May				() Against proposal () General comments -
Business or Órganization Affiliat	ion: Engineering	Contra	fors,	Associ.	4+100
Address: <u>8310</u> Flox	ence Ave. 1	Downey		CA	90240
Business or Organization Affiliated Address: 8310 Flor Street Business phone: 562-86	61-0929 Representing	3: <u>Engineer</u>	ing Cont	State / ruc-fals	Association
CHECK HERE IF YOU ARE					
Client Name:	$-M\Lambda$			F	Phone #:
Client Address:	/ I fort				
Street		City	e e de la companya d	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 No., Agenda Item, or Case No.
10/19/2011	DECORUM WILL BE ENFORCED.	17cm # 12
I wish to speak before the	Name of City Agency, Department, Committee o	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	
Name: Zaru	NEKSAINAN	() Against proposal () General comments
Business or Organization Affiliat	tion: LA POLLAMESS COU	inu (
	way lask Earl # 1240 Lift	
Business phone: Street	City City Pepresenting:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 10-19	THE CITY COUNCIL'S DECORUM WILL BE I		Council File No., Agenda Item, or	Case No.
I wish to speak before the	Name of City Agency, Depar	tment, Committee or	_	
Do you wish to provide general	public comment, or to speak for	or against a proposa	al on the agenda? (*) For prop	osal
Name:	G010		() General	proposal comments
Business or Organization Affiliat	tion: Heal tu	e Bar		
Address: / 414 9	th St. Sa	ata Moni	Ca CA 905	0/
Business or Organization Affiliat Address: //// 7 Street Business phone: 3/0/9	Cit Cit Representing:/	Heal the	State Zip	
CHECK HERE IF YOU ARE			i ł	
Client Name:		···	Phone #:	
Client Address:				
Street	Cit	4	State Zip	

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Date 10-19-11	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCED	F	o., Agenda Item, or Case No.
I wish to speak before the	City Counci(Name of City Agency, Department, Com	ımittee or Council	
	public comment, or to speak for or against	a proposal on the agend	
Name: RON N	11/1682		() Against proposal () General comments
Business or Organization Affilia	tion: LA /OC BUILDING	TRADES	
Address: 1624 Be	wenty Blub 205 A	engeles	
Street Business phone: 2/3 48-3	City 4222 Representing:	/ State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 10/19/11	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	public comment, or to speak for or against a proj	oosal on the agenda? (メ For proposal
Name: LUIS A	rida	() Against proposal () General comments
Business or Organization Affilia	tion: IBEW Local II	Build no trades
Address: 297 V	, Marriago Are Pagado	na CA 9/10/
Business phone: (26) 243	Representing:	State
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW:
Client Name:	MA.	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

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

Oct 19	DECORUM WILL BE ENFORC		
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	public comment, or to speak for or again		
Name:	Urger		Against proposal General comments
Business or Organization Affilia	tion: Pes Calil. Res	ional Water B	sond
Address: 30 6 6.	L/+> St, Los Á, City	rseles (A	900R
	City - 6605 Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CL	IENT INFORMATION BELO	w:
Client Name:		P	hone #:
Client Address: Street	City for important information and submit this	State State	Zip efficer or chairperson

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Date 10/19/11	i	COUNCIL'S RULE I WILL BE ENFOR	1		, Agenda Item, or C	ase No.
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o you wish to provide general					? (For propos	al
Name: SS-200 J. Business or Organization Affilia	WBOFF				() Against pr () General co	
Business or Organization Affilia	tion: <u>LA</u>	HAMBOR OF	COMMER	û _G		
ddress: 350 S. 7	32x62	<u> </u>		OA.	900,7	
usiness phone: 2/3-580				State	Ζip	
HECK HERE IF YOU ARE			LIENT INFOR	MATION BELO	ow:	
lient Name:				-	Phone #:	
Client Address:Street		City		State	Zip	- (
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	CITY OF LOS ANG	ELES SPEAKER	CARD	11 -1 402
Date		· · · · · · · · · · · · · · · · · · ·	の名一のうち/ Council File No., Agend	
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I wish to speak before the	4 Octy Courail	ncic of bos	Ancy Lo	<i></i>
	Name of City Agency, Dep	partment, Committee or	Council	
Do you wish to provide general	public comment, or to speak	for or against a proposa		
Name: Dian Crosso	MANUEL		(°)	Against proposal General comments
Business or Organization Affiliat	ion: <u>Santa Mon</u>	ira baykee	yer	
Address: 120 Broads	1944-SULLE 105	SELATA MONG	(a C/A 90) 1 /0/\
Street Business phone: 310 305	Representing:	city Saysta Moni	State (15 Blufborp	Zip 64 640 9:-75
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	ROVIDE CLIENT INFOF	RMATION BELOW:	
Client Name:	esser.	***************************************	Phone	#:
Client Address:	jagainer i			
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Date () - P(-)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
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Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda? () For proposal
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Business or Organization Affilia	tion:		
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Address: Street	City	State	Zip
Business phone:	Representing:		<u> </u>
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
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Client Address:	City	State	Zip
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Business or Organization Affiliation Address:	1.1.1711	a chamber Avoieles, ca	of Commerce
Street Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION E	BELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date / () — 9—)	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	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	
Name: Muma S.	347)	() Against proposal () General comments
Business or Organization Affiliat	ion: 5E/4 Local 72	
Address: 13000 B	ARTO Drive Granuo	La Hills
Street	Representing: SE/4 72	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Oliant Address.		

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	Y COUNCIL'S RULES OF IM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
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Do you wish to provide general	public comment, o	r to speak for or against a prop	osal on the agenda?	
Name: Simbo	a Wrish	Total Control of the	***************************************	Against proposal General comments
Business or Organization Affilia	tion:			
Address: $\frac{500 \text{S}_{\text{r}}}{\text{Street}}$	lergel	LOS Angele	CAState	Zin
Business phone:		•		
CHECK HERE IF YOU ARE	A PAID SPEAKE	R AND PROVIDE CLIENT INF	FORMATION BELOW	/ :
Client Name:			Ph	one #:
Client Address:				
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