Date 9/12	//10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak befo		ame of City Agency, Department, Commit	COUNC/L tee or Council
Do you wish to prov	ide general publi	comment, or to speak for or against a p	roposal on the agenda? ( ) For proposal
Name:	MANIX	Éffet	( ) General comment
Business or Organia	zation Affiliation:		
Address:	Street	City	90019 State Zip
Business phone: _		Representing:	State Zip
CHECK HERE IF	YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
'Client Name:		, and the second se	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 9/14/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general	oublic comment, or to speak for or against a propo	sal on the agenda?	( For proposal
Name: Don Dui			( ) Against proposal     ( ) General comments
	ion: Americans la Sale 1	10000	
Address: $Dist. 13$	LOS ANGELE City	SCA	40026
Business phone: Street	City / Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:		P	hone #:
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		HE CITY COUNCIL'S	DIII EC AE	Council File No., /	Agenda Item, or Case No.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ECORUM WILL BE	HE TO BE A STATE OF THE STATE O	10	*, · ·
		ECONOM WILL DE	INTUNCED.		<u> </u>
					•
I wish to speak before th	ne	<u> </u>	A. C.		
	Name o	of City Agency, Depart	ment, Committee	or Council	
Do you wish to provide	general public com	nment, or to speak for	or against a prop	osal on the agenda?	
Name:	Park V				Against proposal     General comments
· · · · · · · · · · · · · · · · · · ·					
Business or Organizatio	m Almation:	· · · · · · · · · · · · · · · · · · ·	······································		The second secon
Address:	*				
Stre	eet	City	<i>'</i>	State	Zip
Business phone:	j.	Representing:		·	
CHECK HERE IF YOU	dia.		1	1	s (
Client Name:				Ph	one #:
Client Address:	* * * * * * * * * * * * * * * * * * *				
Stre	eet	City	, .	State	Zip

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

	CITY COUNCIL'S RULES OF ORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	y ubjker		# 1440 <del></del>
Name of C	ty Agency, Department, Committee	or Council	
Do you wish to provide general public comme		oosal on the agenda?	( ) Against proposal
Name: 1+E	1700	`	( -) General comments
Business or Organization Affiliation:	PURELIFE ALTERNAT	IVE	
Address: 4088 Creed	A10 L.A	<u> </u>	<u> </u>
Business phone: 22 27 782 / F	City	State	Ζip
CHECK HERE IF YOU ARE A PAID SPEA	AKER AND PROVIDE CLIENT IN	FORMATION BELO	<b>v</b> :
Client Name:		· P	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.

그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		
Date   14   2010	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, Commi	ittee or Council
	public comment, or to speak for or against a p	
Name: Jacob	D- DAVID K105	( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: tos City of Los	Angeles Regidences
Address:		
Street	City	State Zip
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

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

Date 9-14-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or	Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council		
Do you wish to provide general	public comment, or to speak for or against a pro	oposal on the agen	da? (L) For prop	osal
Name:	arah Diesel			proposal comments
Business or Organization Affilia	tion:		· · · · · · · · · · · · · · · · · · ·	
Address:Street			:	
Street	City	State	Zip	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Business phone:	Representing:			<u> </u>
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BE	LOW:	
Client Name:			Phone #:	-
Client Address:	٠	(	٠.	
Street	City	State	Zip	

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

9/14/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	60 Gouncil File I	No., Agenda Item, or C	ase No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council		
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	l on the agend		
Name: Spy 1/1 Ala	211157R617G		( ) Against pro ( ) General co	
Business or Organization Affiliati	ion: <u>////                                </u>			
Address: <u>695</u> Re	PSENA BL RUSENA	CAL		
Business phone: 5/8 209	PSESA BL RESEISA City TSS18 Representing: NNCC	State	Zip	
	A PAID 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.

Date 9-14-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda 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 propos		( ) For proposal
Name:	anifeth Bolanis (Bola	gros )	Against proposal     General comments
Business or Organization Affilia	) tion:		
-			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	<i>r</i> :
Client Name:		Ph	one #:
Client Address:Street	City _	State	Zìp

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

Date 0/14/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda? ( ) For proposal
Name: Chery Ac	hele	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: $\mathcal{N}/\mathcal{A}$	
Address: ON FILE	2 (Not public Beroval)	
Business phone:	Representing: My SOLF	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
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.