	E CITY COUNCIL'S RULES OF CORUM WILL BE ENFORCED	· · · · · · · · · · · · · · · · · · ·	10., Agenda Item, or Case No.
1 Wish to opean bolore the	y Councie		
Name of C	City Agency, Department, Comr	mittee or Council	
Do you wish to provide general public comme	ent, or to speak for or against a	proposal on the agend	
Name: Tom Moxicy			() Against proposal () General comments
Business or Organization Affiliation:	ANGERES/ORAN	GE COUNTY	Bull DING KIND
Address: 1626 Bevery	LA	CA.	
Street Business phone 3 8 4 4 1 F		State	Zip ·
CHECK HERE IF YOU ARE A PAID SPE	AKER AND PROVIDE CLIEN	T INFORMATION BEL	ow:
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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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the AA CA Cooper	
Name of City Agency, Department, Committee	or Council
Bernon - Berner Harriston (1985) - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985	
Do you wish to provide general public comment, or to speak for or against a propo	
Name: Robbie Houter	() Against proposal () General comments
Business or Organization Affiliation: Executive Secretary Los Huseles for	prange Courses Rudding Trades
Address: 1626 Revenly Bld Los Augeles Street City	CH 98026
Business phone: 2/3 4/82-42-27 Representing: 4/0< 1 and the \$	Court Trades Council
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:	Phone #:
Client Address: Street City	State Zip
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Date 8/a		NCIL'S RULES OI L BE ENFORCED		, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,		mittee or Council	
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Name: MARIA ELE	oshlod Au)		() Against proposal () General comments
Business or Organization Affiliation	on:	1 FED		
Address: 2130 Street	was bus	LA	A	9000
Street		City	State	Zip
Business phone:	Representing	g:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIEN	IT INFORMATION BELO	ow:
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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.
18.9.201	DECORUM WILL BE ENFORCED.	18 11-0023
I wish to speak before the	4 COURCIL	
	ıme of City Agency, Department, Committee	or Council
	comment, or to speak for or against a propo	
Name: Gary Tolbben	or Severy Lenworthy	() Against proposal () General comments
\ Business or Organization Affiliation: _	or Beverly Kenworthy LH Chamber of Commi	ord
Address: <u>350 영</u> 명	ixel CF	90017
Business phone: $\frac{\text{Street}}{580.7531}$	City	State Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
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Council File No., Agenda Item, or Case No.

Date

8-9-11		WILL BE ENFORCED.		8 11-0023
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Business phone: <u>A3) A/6-</u>	<i>্বিস্কর</i> Represe	enting: <u>かとつく</u> にし	neter s differen	
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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Address:/7495 /	YURLA 54 Ch INDE	1/9 CA 7/144
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CHECK HERE IF YOU ARE A PA		
Client Name:		Phone #:
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Date 8/9/1/	THE CITY CO DECORUM W	UNCIL'S RULES O	F Alan	lo., Agenda Item, or Case No.
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Do you wish to provide gene	eral public comment, or to s		The Real Property and the State of the State	() Against proposal
Name:	TBE W	111		() General comments
Address: 277 Business phone: Street	N. Marenge	Oity TO	Pasalera State	9110/ Zip
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Client Name:		F	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.

Name: Quentin Fleming Business or Organization Affiliation: Address: 753 Ocampo Pr. P.P. CA 902 Street City State Zip Business phone: Representing: Self CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	· · · · · · · · · · · · · · · · · · ·			energy engineering	
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Name: QUENTIN Fleming Business or Organization Affiliation: Address: 753 Ocampo Dr., P.P., CA 902 Street City State Zip Business phone: Representing: Self CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	•	Name	of City Agency, Department, Committee	e or Council	
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Business phone: Representing: Representing:	Address: <u>753</u>	Ocampo Dr.	P.P.		90272
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Street City State 7in	Client Address:	.	, and a second		
Site of State 2.19		Street	City	State	Zip

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	:	Darban	, ;	<u></u>		
Address:	PO Cox	13016	44	CA		90013
Business phone: _		Representing: _			State	Zip
CHECK HERE IF	YOU ARE A PAI	D SPEAKER AND PI	ROVIDE CLIENT	INFORMAT	ION BE	LOW:
Client Name:			***************************************	· .		_ Phone #:
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Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
8-11 8-9-11	DECORUM WILL BE ENFORCED.		8 11-0023
I wish to speak before the	COUNCIL		
Nan	ne of City Agency, Department, Committee	or Council	
Do you wish to provide general public Name:	comment, or to speak for or against a prop	osal on the agenda?	(X) For proposal () Against proposal () General comments
Business or Organization Affiliation:	DAVIS Bluepri	Ut Co.	
Address: 3205 N.	MAIN ST. CA	3 CA	900 31
Business phone: 323-225-	748 Representing:	State	Z:ID :
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOV	v:
Client Name:		Ph	none #:
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Business or Organization Address: 5 2 Street	ffiliation: Valley	1	The state of the s	
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CHECK HERE IF YOU AF Client Name:	RE A PAID SPEAKER A	ND PROVIDE CLIEN	IT INFORMATION BE	Phone #:
Client Address: Street		City	State	Zip

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Date 8/9///		OUNCIL'S RULES O WILL BE ENFORCE!	10 10	genda Item, or Case No.
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Business or Organization Affil	iation: Camer	Hers/Con	Tactors Cap	Comm
Address: 533	S. Frei	mont L	A CA B	09/
Business phone Street	38 909/Represen	City ::	State	Zip
CHECK HERE IF YOU ARE			NT INFORMATION BELOW	
Client Name:	······································		Pho	ne #:
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I wish to speak before the	y Counsel		
and the second s	Name of City Agency, Department, Committee of	or Council	
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Name: Ally No Ans	musel	·	() Against proposal () General comments
Business or Organization Affiliation	on:	W.	
Address: <u>530 S 7/2</u>	an	Car	90012
Street Business phone: 2/3 33	GIV & A L	State 9	& Zip
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Client Name:		Ph	one #:
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Date		THE CITY COUNCIL DECORUM WILL BE		Council File No	., Agenda Item, or Case No.
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	Ne	C Representing:		State	Zip
		SPEAKER AND PRO		DRMATION BELC	ow:
Client Name:				F	Phone #:
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Date 8 -9 - 11	THE CITY COUI			Council File No	X V-0023
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Do you wish to provide genera	The same of the sa	ak for or agains	t a proposal o	n the agenda	() Against proposal
Name: Howa	5 Sheer	•	· · ·	*	_ () General comments
Business or Organization Affilia	ation:	1			
Address:		Lennox		N.S.,	
Address:Street		City	,	State	Zip
Business phone:	Representing			1	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIE	ENT INFORM	ATION BELC	ow:
Client Name:	,,,,,,			F	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 COUNC		Council File N	o., Agenda Item, or Case No.
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		ublic comment, or to speak		7 T T	a? (For proposal () Against proposal
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•		n:			
Address:	Street	:	City	s State	Zip
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	Name of Citý Agency, Department, Committee	or Council	and the same and t
Do you wish to provide general pu	blic comment, or to speak for or against a propo	osal on the agenda?	(-) For proposal
			() Against proposal
Name: 1241	Jana -	Market Street	() General comments
Business or Organization Affiliation	OCH + DCE	37()	
Address: 626 (1)	Whire LA	AH .	929/7
Street Business phone: 33/024-1	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOV	v:
Client Name:	<i>*</i>	Ph	one #:
Client Address:			
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Date 8 9 11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
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Do you wish to provide general	public comment, or to speak for or against a propo	osal on the agenda	a? () For proposal
Name:	FOUNG	***************************************	() Against proposal () General comments
Business or Organization Affilia	ation: LEA ROBUTY		
Address: 1794 Vo	on Korna Ho Italine		41258
Business phone:	1559 Representing: LEA VIX	State 2-LT	ZID
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEL	ow:
Client Name:	*		Phone #:
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Street	City	State	Zip

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THE CITY COUNCIL'S RULES OF

Date

DECORU	IM WILL BE ENFORCED.	10	11-0020
I wish to speak before the Cold Cou	mc; (m)		
	gency, Department, Committee	or Council	
Do you wish to provide general public comment, o	r to speak for or against a prop	osal on the agenda	
Name: Dennis Huand			() Against proposal () General comments
Business or Organization Affiliation:	an Business Ass	Deletion	
Address: Son Pedio S. Son Pedio S.	1 1523 Las Aug	eles CA	90012
Business phone (213) 628-1222 Repre		State	Σίβ
CHECK HERE IF YOU ARE A PAID SPEAKEI	R AND PROVIDE CLIENT IN	FORMATION BELO	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.

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

THE CITY COUNCIL'S RULES OF

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

18 11-11/23

Date

	JIM WILL BE ENFORCED.	(3	1 002
Wish to speak before the	COUNC(<u>L</u> gency, Department, Committee or	Council	
			and the second
Do you wish to provide general public comment, o Name: ハムのらにピロー		on the agenda? (*) ()	Against proposal General comments
Business or Organization Affiliation: しい バ	ed FIREFIGHTE		
Address: 1571 Beverly 3	L. LA. CA	90026	Negat
Address: Street Business phone: 485-291 Representation	esenting: FIREF16H	THE State	
CHECK HERE IF YOU ARE A PAID SPEAKE	R AND PROVIDE CLIENT INFOF	RMATION BELOW:	
Client Name:		Phone	#:
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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I wish to speak before theName	of City Agency, Department, Committee	ee or Council	
Do you wish to provide general public co	penings to speak for or against a property	oposal on the agenda? () For proposal) Against proposal) General comments
Business or Organization Affiliation:			
Address: 10941 5 F15	UEROB L. M.	State	90061
Business phone:	Representing:		
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Client Name:		Phone	e #:
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 8 / 9 / 11	THE CITY COUNCIL'S DECORUM WILL BE E	RULES OF	Council File No., Ag	enda Item, or Case No.
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Business or Organization Affiliat	ion: Hollenbeck	White Ad	Lovilies	League
Address: 12 to N · Street	St. Lovis St	LA CA	90033	Zio.
	Representing:		Sidio	2 .p
CHECK HERE IF YOU ARE A	, -	DE CLIENT INFORMA	TION BELOW:	
Client Name:			Phor	ne #:
Client Address:Street	City	· · · · · · · · · · · · · · · · · · ·	State	Zip

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Date 8 - 9 - //	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	ee or Council	
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Name:	S KEPOVICH STORE		() General comments
Business or Organization Affilia	ition: LAPPL		
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Street	City	State	Zip
Business phone:	Representing:		esta esta esta esta esta esta esta esta
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CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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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.		0023
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Name:	CA CA	A) 105 4/10	S , Sest J. S 12	() Against proposal () General comments
		WHE HERE COCATIL	<u> </u>	4
Business or Organ	nization Affiliation:			
Address:			AZLAWO MO	
	Ştreet	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOV	v:
Client Name:	~~~~		Ph	one #:
Client Address:	81 pwal			11-6-8
	Street	City	State	Zip

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Van Nuys

Date/Time Submitted 08/09/2011 09:57 AM Council File No., Agenda Item, or Case No.

I wish to speak before the	Counci		
	Name of City Agency, Departmer	t, Committee or Council	
Do you wish to provide general public on Name:	comment, or to speak for or against a Donna Pearman	proposal on the agenda?	For proposal Against proposal General comment
Business or Organization Affiliation:			
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SE	PEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:	Minimum	Phone No.:	
Client Address:	. City	entire to the contract of the	7 in

Date/Time Submitted

Van Nuys

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

08/09/2011 11:01 AM		18	11-0023
I wish to speak before the	Council		
•	Name of City Agency, Department	t, Committee or Council	
Do you wish to provide gene Name:	eral public comment, or to speak for or against a p Dr. Hufnagel	proposal on the agenda?	() For proposal () Against proposal () General comment
Business or Organization Aff	iliation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:	nitrativaning general translation of the second of the sec	Phone No.:	······································
Client Address:			
	Street City	State	Zip