	The second of th	research de le <u>Griffer (n. 1945), et al Griffer (n. 19</u> 06)
Date 4 / 18 / 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 Na	me of City Agency, Department, Committee or	Council
Do you wish to provide general public	comment, or to speak for or against a proposa	al on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation:	- modustox Galdsmith De	lvac LLP
Street	Vicente Los Angelos	State Zip
Business phone: 310 254 90 CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #: 340 2/3 79/2-7,
Client Address:Street	City	State Zip
Please see reverse of card for im-	portant information and submit this entire card	to the presiding officer or chairperson.

Date 4/18/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	Name of City Agency, Department, Committee or	Council
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda? ( ) For proposal ( ) Against proposal
Name: GARY L.	Cook	( ) General comments
Business or Organization Affiliat		
Address: Street	ES M. WOOD BLUD, LOS ANGELA	es CA 9 ap 15
Business phone:	Representing:	
CHECK HERE IF YOU ARE	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:	V	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.

Date 4 (18)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	He Que or Council
Do you wish to provide general p	public comment, or to speak for or against a pro	oposal on the agenda? ( ) For proposal ( ) Against proposal
Name:	Fikre	( General comments
Business or Organization Affiliation	on:	
Address: Street	\ \ \ CILV \	1 A A GOUS State Zip
Business phone: 213-742	7115 Representing: AEC	>
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	NFORMATION 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.

		araba a <u>lii saa ahaa kii ata</u>	
1 A-18-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
	DECOMON WILL BE LIN CHOLD.		
	40C COMMITTEE for	STADIUM	γ
Na	ame of City Agency, Department, Committe	ee or Council	
1/ 1/ /X	c comment, or to speak for or against a pro	oposal on the agenc	( ) Against proposal
Name: Kon Mille	28		( ) General comments
Busi ness or Organization Affiliation:	LA De BUILDING +C	CONSTRUCTION	TRADES COUNCIL
1 ddress: 1626 Beveres	1 Las Angeles	C.4 State	9002G
Business phone: 213 483-422	2 Representing:	State	Σίμ
CHECK HERE IF YOU ARE A PA	LID SPEAKER AND PROVIDE CLIENT II	NFORMATION BEI	.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.

NOTE: THIS IS A PUBLIC DOCUMENT.

14 1 - 1	Y COUNCIL'S RULES OF IM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the L, A. C, \\ Name of City Ag	gency, Department, Committee or	Connitre
Do you wish to provide general public comment, or	r to speak for or against a proposa	al on the agenda? (X) For proposal ( ) Against proposal
Name: Kevin Ball	100000	( ) Consul comments
Business or Organization Affiliation:	enst Allied	Trales
Address:		
Business phone: $5 \frac{2 \text{freet}}{2 \text{freet}}$ Representations of the street of the str	City esenting:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER	R AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:		71-
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 4/18/1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comm	· · · · · · · · · · · · · · · · · · ·
Do you wish to provide general,	public comment, or to speak for or against a	proposal on the agenda? ( ) For proposal
Name: Shomari	Davis	( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: IBEW 11	
Address: 297 N.	Marengo Are	Pasadena Ce 91101
Street Business phone:	( )	State Zip
CHECK HERE IF YOU ARE A	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.

	and the state of t	
Date 4/5/1011	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
7/18/201/	DECORUM WILL BE ENFORCED.	
I wish to speak before the	nmittee . Item !	
Na	me of City Agency, Department, Committ	ee or Council
Do you wish to provide general public	comment, or to speak for or against a pr	roposal on the agenda? ( For proposal ) Against proposal
Name: WILLIAM TAI	SOH	( ) General comments
Business or Organization Affiliation;	I.AT.S.E LOCAL 3	3
Address: 1720 W. MAG	ONOLIA BLUD, BUR,	BANK (A . 91340 .
Business phone: <u>\$18-606-84</u>	Representing:	State Zip
	ID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Oliona Address.		
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.

4-18-11	THE CITY COUNCIL		11-002		J.
, , , , ,	DECORUM WILL BE	: ENFORCED.	11-002	-3 (1)	
I wish to speak before the	Commi	Hee			
,,17	Name of City Agency, Depart	artment, Committee or	r Council		
Do you wish to provide general	oublic comment, or to speak f	or or against a propos	sal on the agenda?	( ) For proposal	
		or againer a propos	a. on the agent a	<ul><li>( ) Against proposa</li></ul>	
Name: Rachel T	gives			( ) General comme	nts
Business or Organization Affiliat	_	local 11			
Address: 464 S	Locas Ave, Svikzol	LA	C/A State	90017	<u> </u>
Business phone:		ity	State	Zih	, 7. <u>-</u>
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	OVIDE CLIENT INFO	RMATION BELOW	<b>/:</b>	
Client Name:		<u> </u>	Pho	one #:	
Olicust Antaluscas					
Client Address: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 4 / 18 / 1/	THE CITY COUNCIL'S REDECORUM WILL BE ENF	ULES OF	ouncil File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department	TED ent, Committee or Counc	
Do you wish to provide general po	ablic comment, or to speak for or	against a proposal on th	he agenda? ( ) For proposal ( ) Against proposal
Name: NA TE	HOLDEN		(x) General comments
Business or Organization Affiliation			Market Control of the
Address: 3 4 M 5,	CUCH RANGE A VE	LA UR	State GOU6
Business phone: 113/4 46 17	Representing:	-5U/_	
CHECK HERE IF YOU ARE A		E CLIENT INFORMATI	ION 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.

NOTE: THIS IS A PUBLIC DOCUMENT.