6

Date 7-2 8- 11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
	SMS Paintving Name of City Agency, Department, Committee or C	Council	
Do you wish to provide general put	olic comment, or to speak for or against a proposal		
Name: <u>Caimen</u>	M Scarias	() Against proposal () General comments	
Business or Organization Affiliation			
Address: 0030 Street	Husaine Ade Encin	o c. 4 91316	
Business phone:		·····	
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	o the presiding officer or chairperson.	

Designed T

······

-

Date 7/28/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
I wish to speak before the Ad Hoc	<u>Committee on the Propose</u> e of City Agency, Department, Committee or (el down town	Stadium
	comment, or to speak for or against a proposa		
Business or Organization Affiliation:	Farmers Insurance		
Address: <u>4392</u> Hay	ventorst Ave. Encino	<u>¢</u> A State	91436 Zip
Business phone: <u>323</u> 932 35	Representing: FARMERS Insu	rance	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:	
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip
Please see reverse of card for impo	prtant information and submit this entire card t	o the presiding offic	<u>cer or chairperson.</u>
	NOTE: THIS IS A PUBLIC DOCUMENT.		

Date -1 28	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	AD HOC Committee or			
Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments				
Business or Organization Affiliat	ion:	·		
Address: 6245 Janty Avy North Holly Wood Street Street				
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 f	or important information and submit this entire card	to the presiding officer or chairperson.		
	NOTE. THE IS A DUDUE DOCUMENT			

NOTE: THIS IS A PUBLIC DOCUMENT.

Date 7/28/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the \underline{Cit}	<u>Council Ad Hoc Stadium (</u> Name of City Agency, Department, Committee or (Committee
	public comment, or to speak for or against a proposa	
Business or Organization Affiliat	ion:	
Address: 753 Ocampo	Drive Pacific Palisades	CA 90272 State Zip
Business phone: $(310)459-$	1570 Representing Soff	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:	<u> </u>	Phone #:
Client Address:	City	State Zip
Please see reverse of card	or important information and submit this entire card t	

Date 7-29-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the $__$	d Hoc Committee on Downtown Nàme of City Agency, Department, Committee or	Council
Do you wish to provide general	public comment, or to speak for or against a proposi	al on the agenda? (V) For proposal
Name: Tracey Ch;	avira	() Against proposal () General comments
Business or Organization Affiliat	ion: Contral City Association of	Los Angeles
Address: 626 Wilshi	re Blvd. Ste 200 LA	CA 90017 State Zip
Business phone: 213-624-	-1213 Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:		i
Street	City	State Zip
Please see reverse of card	for important information and submit this entire card	to the presiding officer or chairperson.

Date 7/2-9/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the <u>AI-</u>	HOC COMMITTEE ON OOL Name of City Agency, Department, Committee or	UNTOWN STADIUM
Do you wish to provide general p	public comment, or to speak for or against a proposa	
Name: RoBBIE	HUNTEN	()Against proposal ()General comments
Business or Organization Affiliati	ON:LOS ANGELE BUILDING	TRIDES COUNCIL
	VERLY BLUD LOS ANGEL	
	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	NATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip
Please see reverse of card f	or important information and submit this entire card	to the presiding officer or chairperson.
	الم معرف المراجع الم المراجع الم المراجع الم المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ال	

Date 7/28/11	THE CITY COUNCIL'S		Council File No., Age	enda Itern, or Case No.
I wish to speak before the	Name of City Agency, Depar	uncil Iment, Committee or	Council	
Do you wish-to provide general	public comment, or to speak for	or against a proposa	I on the agenda? 🔅	
Name: 13vid /	Menchaca		() Against proposal) General comments
Business or Organization Affiliat	ion: United	Way ,	Los An	geles
Address: 1150	South Oll	ve Los	Angelos	, <u>90015</u>
Street Business phone: 213-80		Unifed a	Jay Los	Ingelas
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	/IDE CLIENT INFOF	MATION BELOW:	
Client Name:			Phon	ie #:
Client Address:	Cit	/	State	Zip
	for important information and su			

1/20/11	TY COUNCIL'S RULES OF RUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the Name of City	Agency, Department, Committee or G		$\cdots \cup \sqrt{r}$
Do you wish to provide general public comment,	4 <i>C</i> i	I on the agenda?	
Name: Stuart Wo	1 d man		Against proposalGeneral comments
Business or Organization Affiliation:	61A		
Address: <u>G12</u> VonNays	BUD Sheiman Oaks	(W	91403
Business phone: <u>818617054</u> Rep	presenting:	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAK	ER AND PROVIDE CLIENT INFOR	MATION BELO	w:
Client Name:		Pi	none #:
Client Address:			
Street	City	State	Zip
Please see reverse of card for important info	ormation and submit this entire card t	to the presiding o	fficer or chairperson.

· philes

Date 7/28/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the $\frac{1}{4}$	Hac Comm Downtown S Name of City Agency, Department, Committee of	fudiym or Council
	public comment, or to speak for or against a propo	\mathbf{Y}
Address: <u>533</u>	S. Fremont L.A.	CA 90071
Address: 533 Business phone: $28/73$	8907 Representing:	State Zip
*	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:	······	Phone #:
Client Address:Street	City	State Zip
Please see reverse of card for	or important information and submit this entire car	d to the presiding officer or chairperson.

Date 7-28-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	
I wish to speak before the	Name of City Agency, Department, Com	
Do you wish to provide general p	public comment, or to speak for or against	a proposal on the agenda? (\(\) For proposal
Name: Rechel Tor.	res	() Against proposal () General comments
	ion: Unity there 11	· · · · ·
Address: 464 S. C	was Ave LA	CA 90017
Street Business phone: (213) 481	-8530, Er H 275 City Bepresenting:	State Zip
· .	A PAID SPEAKER AND PROVIDE CLIEF	
Client Name:	<u> </u>	Phone #:
Client Address:		
Client Address:Street	City	State Zip
Please see reverse of card f	for important information and submit this er	ntire card to the presiding officer or chairperson.

Date 7-2P-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 Ad Nam	How Committee on L ne of City Agency, Department, Committee or	Council		
	comment, or to speak for or against a propos			
N. O CC	\mathbf{X}	() Anainst proposal		
Name: Kevin Bass		() General comments		
Business or Organization Affiliation:	ainters - Alliel Ti	rades		
Address: 11414 Street	Çity	State Zip		
Business phone:		State Zip		
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 imp	ortant information and submit this entire card	to the presiding officer or chairperson.		

Date 7/28/11	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	or Council	
Do you wish to provide general	public comment, or to speak for or against a prope		
Name: PETER RI	JIZ .	() Against proposal () General comment	
Business or Organization Affiliat	ion: VALLEX ECONDMIC ALL.	IANCE	
Address: 5121 VAU N	SUYS BLVD, SHERMAN OAKS	5 <u>CA</u> 91403 State Zip	
Business phone: $\frac{2/3 - 309}{2}$	-8849 Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
Please see reverse of card	for important information and submit this entire ca	ard to the presiding officer or chairperson.	

CITY OF LOS ANGELES SPEAKER	CARD			
Date 7-28-11 RECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	r Council			
Do you wish to provide general public comment, or to speak for or against a propose Name: SHARYN GUNTER	/ .			
Business or Organization Affiliation:				
Address: 13705 DEFOE Sylmak Street Street City Business phone: Representing:	CA 91342 State Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.				

NOTE: THIS IS A PUBLIC DOCUMENT.

Date 1/28/2011 THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO				
I wish to speak before the <u>ADHOC Committee on Stadium Honverter</u> Name of City Agency, Department, Committee or Council Center				
Do you wish to provide general public comment, or to speak for or ac				
Name: Sharon Lee Ford	() Against proposal General comments			
Business or Organization Affiliation:				
Address: 13028 Actna St Valley (ilen CA 91401 State Zip			
Address:	Keholder Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.				

Date 7-25-4	THE CITY COUNCIL'S DECORUM WILL BE		Council File No., Age パークロ	anda Item, or Case No. 23
I wish to speak before the				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal				
Name:				
Address: <u>\$255</u> / <u>3/2/Res</u> / <u>20</u> Street, Bueinees phone: <u>8/8/76/</u> <u>Representing:</u>				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	·		Phon	e #:
Client Address: Street	Cit	у	State	Zip
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.				

Date 7-28-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the <u>AD</u> <u>HoC</u> <u>CoMMITTEE</u> Name of City Agency, Department, Committee or Council				
Do you wish to provide general public	comment, or to speak for or against a pro	oposal on the agenda? () For proposal		
Name: MIKE GE	EENSPAN	(<i>W</i>) Against proposal () General comments		
Business or Organization Affiliation:				
Address:Street	City	State Zip		
Business phone:		· ·		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	N/A	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.				

/ CITY OF LOS ANGELES SPEAKER CARD				
Date 728 A	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				
Name:	pmment, or to speak for or against a propose	al on the agenda? () For proposal () Against proposal () General comments		
Business or Organization Affiliation: Address:				
Strebt Strebt	City Representing:	State Zip		
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.				
NOTE: THIS IS A PUBLIC DOCUMENT.				