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CITY OF LOS ANGELES SPEAKER CARD

| Date 2-23-\\ I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee or | 11- | Agenda Item, or Case No. | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------|--------------------------|--|
| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name: () General comments Business or Organization Affiliation: | | | | |
| Address:Street | | | | |
| | City Representing: | State | Zip | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | Ph | 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.

CITY OF LOS ANGELES SPEAKER CARD

| Date 2/3/// | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED | June June | enda Item, or Case No. |
|----------------------------------------------------------------------------|------------------------------------------------------|-----------------------------|--------------------------------------|
| I wish to speak before the | Name of City Agency, Department, Comm | mittee or Council | . r. |
| Do you wish to provide general p | oublic comment, or to speak for or against a | a proposal on the agenda? (|) For proposal) Against proposal |
| Name: | JOHN WMLS// | (|) General comments |
| Business or Organization Affiliation: 4611/ WOal high/ands - 0 5 | | | |
| Address: | 62-18 Tucca | St #C | |
| Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | |
| Client Name: | · · · · · · · · · · · · · · · · · · · | Phor | ne #: |
| 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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Date

CITY OF LOS ANGELES SPEAKER CARD

THE CITY COUNCIL'S RULES OF

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

| 23 FEB (| DECORUM WILL BE ENFORCED. | Gran har |
|--------------------------------------|-------------------------------------------------|---------------------------------------|
| I wish to speak before the | | |
| ' | Name of City Agency, Department, Committee | or Council |
| Do you wish to provide general pub | olic comment, or to speak for or against a prop | |
| Name: | DrClybe | Against proposal () General comments |
| Business or Organization Affiliation | : | 32NC |
| | 415 | Barrett Rd LA 90032 |
| Address: Street | City | State Zip |
| Business phone: | Representing: | EXECTEDNER |
| CHECK HERE IF YOU ARE A F | PAID SPEAKER AND PROVIDE CLIENT IN | FORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address: | \mathbb{R}^4 | |
| 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.

DNS

CITY OF LOS ANGELES SPEAKER CARD

| Date 3-// | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------|--------------------------|--|
| I wish to speak before theNam | ee 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 Name: | | | | |
| Business or Organization Affiliation: | | | | |
| Address:Street | City | State | Zip | |
| Business phone: | Representing: | | • | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | Pł | none #: | |
| 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>

DNS CITY OF LOS ANGELES SPEAKER CARD

| Date I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | 12-2 | o., 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 proposal on the agenda? () For proposal () Against proposal () General comments Business or Organization Affiliation: | | | |
| Address:Street | City | State | Zip |
| | 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.

DNS

CITY OF LOS ANGELES SPEAKER CARD

| Date 2-23-11 | |
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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 | . A- , | | |
|-----------------------------------|------------------------------------------|---------------------------------|------------------------------------------|
| | Name of City Agency, Department, C | Committee or Council | |
| Do you wish to provide general | public comment, or to speak for or agair | nst a proposal on the agenda? (| |
| Name: <u># ATT Da</u> | 2W) | (|) Against proposal) General comments |
| Business or Organization Affiliat | ion: | | |
| Address:Street | | | |
| Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CL | LIENT INFORMATION BELOW: | |
| Client Name: | | Phor | ne #: |
| 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.