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 ( ) A			
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 ( ) A	Date 4 / (6/12		Council File No., 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 ( ) Against propos			
Name:		anje of Oity Agency, Department, Committee	or Courien
Name:	Do you wish to provide general public	c comment, or to speak for or against a propo	
Address: 514 Shatto PL LA CA 90020  Street  Business phone: 213 487 9887 Representing: AFSCME CO.36  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:	Name: CHERYL	PARISI	
Business phone: 213 487 9887 Representing: Afschie Co. 36  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:	Business or Organization Affiliation:	AFSCUE Corneil	36
Business phone: 213 487 9887 Representing: AFSCME Co.36  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:	Address: <u>514 Shatto</u>	PL LA	CA 90020
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:	Street	2m2 1/1/1/2	State Zip
Client Address:	•	ID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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.

i.				
Date 4/16/12	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No., Age	nda Item, or Case No.
wish to speak before the	Budget & Final Name of City Agency, Departs	MC OMN ment, Committee or Co	1/74EE uncil	
Do you wish to provide general	public comment, or to speak for	or against a proposal o	n the agenda? (	) For proposal
Name: JULIE	·	· · · · · · · · · · · · · · · · · · ·	( 	) Against proposal ) General comments
Business or Organization Affiliat	ion: SEIU 72	21	***************************************	
Address: 1545 W	alshireb L	A		90017
Street  Business phone: 23 200 2	ion: SEIV 72 (Ishireb L City 186 Representing:	SEIU 721	State	Zip
	A PAID SPEAKER AND PROV		ATION BELOW:	
Client Name:			Phon	e #:
Client Address:				
Street	City		State	Zip

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	CITY OF LOS ANG	ELES SPEAKER	CARD	
Date 04-16-12	THE CITY COUNCI DECORUM WILL B		Council File No.,	genda Item, or Case No.
wish to speak before the	Budget & Fin	ance		
Do you wish to provide general	Name/of City Agency, Deposition public comment, or to speak	- The state of the		( ) For proposal ( ) Against proposal
Name: <u>(Mar ley</u> / Business or Organization Affiliat	MMS ion: SAPMA			General comments
Address: 2377		City A	State COLL	10027
Business phone: 23 479 CHECK HERE IF YOU ARE	( *	• 0	RMATION BELOW	<del>/</del> : []
Client Name:			Pho	one #:
Client Address:Street		City	State	Zip

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Date 4/16/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the Duby	A Justina Gwaufee ne of City Agency, Department, Committee o	r Council	
Do you wish to provide general public o	comment, or to speak for or against a propos	sal on the agenda	
Name: Roy	310NE		( ) Against proposal ( ) General comments
Business or Organization Affiliațion:	LIBRARIANS' GUILD		
Address: 514 Shatto PI	L.A.	CA	90020
Street Business phone: 243 703710	City  Representing: <u>LIBRAPIAN 5</u>	State FUBLIC	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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THE CITY COUNCIL'S RULES OF

Date

4-16-2012	DECORUM WILL		#6	
I wish to speak before theB	odgef & Grucu Name of City Agency, De	ာင( epartment, Committee d	or Council	
Do you wish to provide general p	public comment, or to spea	k for or against a propo	sal on the agenda	
Name: BRUCE FRANCE	cis			(L) Against proposal (L) General comments
Business or Organization Affiliati	ion: C/TY OF 2A	EMPloyEE	·····	
Address: 138 N. Box		* *		91 <b>7</b> 90
Business phone: 626 765				
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND F	ROVIDE CLIENT INFO	ORMATION BELC	)W:
Client Name:			F	Phone #:
Client Address:Street		City	State	Zip
				P

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

Date 4/10/12	THE CITY COUNCIL'S RULES ( DECORUM WILL BE ENFORCE	)F	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co		
Do you wish to provide general p	public comment, or to speak for or agains	t a proposal on the agenda	
Name: DAVID 8	XXIIAC		( ) Against proposal ( ) General comments
Business or Organization Affiliati	ion: GLOND was 7	77	
Address: 77675 N.	DROAD WAY CHYON	, cow AY CA	90387
Street Business phone: 323-9(3-	-4739 Representing: LICH	State MEUBELSHP	Zip
	A PAID SPEAKER AND PROVIDE CLI		ow:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date 4/16/12	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	SOF	o., Agenda Item, or Case No.
I wish to speak before the	B L F Name of City Agency, Department,	COMTE Committee or Council	
Do you wish to provide general p	ublic comment, or to speak for or aga	inst a proposal on the agenda	
Name: Michael R	obertson		( ) Against proposal     ( ) General comments
Business or Organization Affiliation	on:/05ANGe/es Gen	eralservices	Police ASSOCIATION
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 4/16/12	THE CITY COUNC		Council File No., A	genda Item, or Case No.
I wish to speak before the	Bur	COMTE		
Do you wish to provide general pul Name: DONALD To	•	•	al on the agenda?	( ) For proposal ( ) Against proposal (X) General comments
Business or Organization Affiliation	: CAGSPOA			
Address: 333 S GRAZI	DAV LACA	90071		
Street Business phone: 213943			State	Zip
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND P	ROVIDE CLIENT INFO	RMATION BELOW	7 g
Client Name:			Pho	one #:
Client Address:			ndrodoshuun Adamu Adamu Adama Adama ka saasaa saasaa saasaa saasaa saasaa saasaa	
Street		City	State	Zip

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Date 47-16	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 agenda?	( ) For proposal
Name:	D Wisema	<u></u>	( ) 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 CLIENT I	NFORMATION BELO	w:
Client Name:	·	P	hone #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Age	enda Item, or Case No.
1/ (0/12)	DECORUM WILL BE ENFORCED.	6	
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Lwish to speak before the	Over and Final ment of City Agency, Department, Committee	nce Comm	14400
Na	ime of City Agency, Department, Commi	ttee or Council	
	c comment, or to speak for or against a p	·	) Against proposal
Name: Davi O	5.55i nger	<u> </u>	-) General comments
Business or Organization Affiliation:	Fouth Bay ASSA	Realtors	
Address: 22833 Ar	-lington Ave. Tor	rance, CA	90501
		State	Zip '
Business phone: <u>3/0-326</u> 2	30/@ Representing:		·
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:	Same	Phor	e #:
	<del></del>		
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 4/16/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED			
I wish to speak before the	Budget & Fenance Ci	multee mittee or Council		
Do you wish to provide general p	oublic comment, or to speak for or against a	a proposal on the agenda? ( ) For proposal		
Name: LAWROLD()	(a.55, 0	( ) Against proposal (X) General comments		
Business or Organization Affiliat	ion: Clandule & Pasadenc-1	Forthills A ssn. of Realtons		
Address: 1070 G.	Green St. Poscolone City  2455 Representing: about	91(06 State Zin		
Business phone: 626 795	2455 Representing: about	Z		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	re.	Phone #:		
Client Address: Street	City	State Zip		

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

4/19/12	DECORUM WILL BE ENFORCED.	11-060	0-8157			
I wish to speak before the	BUDGET + France Ch	the				
	Name of City Agency, Department, Comm	ittee or Council				
	l public comment, or to speak for or against a	proposal on the agend				
Name: RoN	GALPORIN		( ) Against proposal  General comments			
Business or Organization Affiliation: COMMISSION ON ROWNE EFFICIENCY						
Address:	ANT of STARS STE 20	o LA CA	90067			
Business phone: 310240	Representing:	State	Zip `			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Phone #:			
Client Address:			<u></u>			
Street	City	State	Zip			

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A-17-12	THE CITY COUNCIL'S R DECORUM WILL BE EN	ULES OF	File No., Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Departm				
Name: TAT P	public comment, or to speak for or		( ) Against proposal ( ) General comments		
Business or Organization Affiliat	ion: <u>UN ITED</u> BEVERLY BL.	FIREFIGHTE	ies Georgi		
Address: Street	- 709 lp	State	90026 e Zip		
Business phone: 485-209 (Representing:					
Client Name:			Phone #:		
Client Address:Street	City	State	e 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.

Date .

4-16-12	THE CITY COUN DECORUM WILL		4		
wish to speak before the		TNANCE Come epartment, Committee or			
Do you wish to provide general p		k for or against a proposa	al on the agenda?		
Name: Row Mil.	Ven			<ul><li>( ) Against proposal</li><li>( ) General commen</li></ul>	
Business or Organization Affiliation	on: Los Anenes/	RANGE COUNTY	BULLDING	-73-75 TRADE	5
Address: 1626 Bev	ener Blus	LOSIANE	seres	CA	
Street Business phone: 2348343			State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND I	PROVIDE CLIENT INFOF	RMATION BELOV	v:	
Client Name:			Ph	none #:	
Client Address:					
Street		City	State	Zip	

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Date 4-16-12	THE CITY COUNCIL'S DECORUM WILL BE	S RULES OF	uncil File No., Age	poda Item, or Case No.  Cho Kepurt)
I wish to speak before the	Finance ( Name of City Agency, Depar	<del></del>	sil	
Do you wish to provide general	public comment, or to speak fo	r or against a proposal on th	ne agenda? (	) For proposal
le ha	W. CV and a		Ş	) Against proposal
Name:	tion: LIUNA Loca	1777 / Caslip.	y C.A.	city Union
Address:Street	Ci	<i>(</i>	State	/ Zip
Business phone:				Σ.Ιρ
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT INFORMATI	ON BELOW:	photocolonic control of the control
Client Name:			Phone	e #:
Client Address:Street	Ci	ty	State	Zip

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Date 04/16/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before theNa	ame of City Agency, Department, Committee	or Council	
	c comment, or to speak for or against a prop	osal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
Name: BOO SCHOON	10/6/		General comments
Business or Organization Affiliation:	5610721		
Address:			
Address: Street	City	State	Zip
Business phone:	Representing:		
	ID SPEAKER AND PROVIDE CLIENT INI		LI
Client Name:		P	hone #:
Client Address:	City	State	7in
Street	City	State	Zip

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Date 4/6/12	THE CITY COUNC		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, De		r Council	
Do you wish to provide general p	Rubio		sal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: leamster	·s 9/1		
Address: 9900 Fi	Oner St.	Dul flaver	CM	90706
Business phone: 562595	95/8 Representing:	LA City	Crossily	Guard
Address: 9900 Flower St. Delffaces CA 90706 Street City State Zip  Business phone: 5625954518 Representing: LA City Crossing Evald  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Ph	none #:
Client Address:		Citv	State	Zip

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