MAYORS OFFICE

#### CITY OF LOS ANGELES SPEAKER CARD

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YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	PLUM	, , ,
•	Name of City Agency, Department, Committee of	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda? 📉 For proposal
Name: Kutho		( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: MAYORS OFFICE	)
Address:	<u> </u>	
Address:Street	City	State Zip
Business phone:	Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date  3/27/12  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED LUM	* ///`\	Agenda Item, or Case No.
, <b>,</b>	Name of City Agency, Department, Com	mittee or Council	
Do you wish to provide general post of the Mills Business or Organization Affiliation			For proposal  ( ) Against proposal  ( ) General comments
			0
Address: 626 Wils	Titus -	State/	7 900 /
Business phone: 213-62	2412 Representing: nen	bership	Zip
_	PAID SPEAKER AND PROVIDE CLIE		N:
Client Name:		Ph	one #:
Olimust Astalyanan			
Client Address:Street	City	State	Zip



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Date 3/27/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.  #4 CF II-II40		
I wish to speak before the	PLANNING & LAM) USE MANAGE Name of City Agency, Department, Committee of			
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal		
Name:	J BOWMAN	()Against proposal ★)General comments		
Business or Organization Affiliati	ion: ELKINS KALT			
Address: 2049 CENTU	PARKEAST, STE. 2700, WS.	ANGELES, CA 90067		
Business phone: (310) 746	<u>4409</u> Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:		
Client Name: CLARET W	WST	Phone #:(310) 746-4400		
Client Address: <u>LO ELKINS</u> Street	KALT, 2049 CENTURY PARK EAST, ST.	E. 2700 L. A., CA 90067 State Zip		

# Only if called Special

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Date 3/27/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	No., Agenda Item, or Case No.	
I wish to speak before the				
	Name of City Agency, Department, Committee of	or Council		
Do you wish to provide general p	oublic comment, or to speak for or against a propo	sal on the agend	la? For proposal	
Name: <u>Mist</u>	-opher Noontz		( ) Against proposal ( ) General comments	
Name:				
Address:				
Street	Representing: <u>CD5 - Paul</u>	State /	Zip	
Business phone:	Representing: <u>US - F q u l</u>	Loretz		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:				
Street	City	State	Zip	

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Date 3/2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before theN	lame of City Agency, Department, Committee or	Council	
Do you wish to provide general publ	ic comment, or to speak for or against a propos	sal on the agenda	? ( ) For proposal
Name: Sh	VALSH		( ) Against proposal     ( ) General comments
Business or Organization Affiliation:			
Address:	218 Yuca SI	State	Zip
	Representing:	, , , , , , , , , , , , , , , , , , ,	Σιμ
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	ow:
Client Name:		P	Phone #:
Client Address:Street	City	State	Zip

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Date 3/22/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		genda Item, or Case No.
Ja. 110			
wish to speak before the	PLUM		
	Name of City Agency, Department, Comm	nittee or Council	,
	public comment, or to speak for or against a	proposal on the agenda? (	) Against proposal
Name: <u>Sandy</u>	Sancher		) General comments
Business or Organization Affiliati	ion: Building Industr	y Associat	M
Address: <u>28 480 Å</u>	ve. Stanford #200, So	unta Clanita, Cl	9355
Street $QQQQ$	ve. Stanfard #200, Sa 7-604/PRepresenting: BIA	State	Zip '
	A PAID SPEAKER AND PROVIDE CLIEN		
Client Name:		Pho	ne #:
OP A defense and			
Client Address:Street	City	State	Zip

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# CITY OF LOS ANGELES SPEAKER CARD

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Date 3-27-12		UNCIL'S RULES OF ILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.	
I wish to speak before the		PLUM			
	Name of City Agency	, Department, Comm	ittee or Council		
Do you wish to provide general p	public comment, or to s	peak for or against a	proposal on the agenda?	For proposal  ( ) Against proposal	
Name: De	an Iso	acson		( ) General comments	
Business or Organization Affiliation: DIDM Dev					
Address: 1027	-54 La	Cienega	Av CA		
Address: $1027$ Street $066-NC$	W-OPERepresenti	ng: Self	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Pl	none #:	
Client Address:					
Street	······	City	State	Zip	

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Date O D 10	THE CITY COUNCIL'S RULES (	"	, Agenda Item, or Case No.
3-27-12	DECORUM WILL BE ENFORCE	D	
I wish to speak before the	Plum		
	Name of Čity Agency, Department, Con	nmittee or Council	
	public comment, or to speak for or against	a proposal on the agenda?	For proposal Against proposal
Name: Bevery	KINDSETMY		( ) General comments
۰ Business or Organization Affiliati	on: UA Chamber of	Commerce	<u> </u>
Address: 350	S Bibul	UA 200	77
Business phone: Street	Representing:	State	Zip
	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELO	w:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip



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Date  3/2 > // L  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  PLUM Committee	4	., Agenda Item, or Case No.	
•	Name of City Agency, Department, Commit	tee or Council		
Do you wish to provide general	public comment, or to speak for or against a p	proposal on the agenda	? (X) For proposal ( ) Against proposal ( ) General comments	
Business or Organization Affilia	ion: CRAZE LAWSON & LC	>/ <<		
Address: 8758	ion: CRAIL LAWSON LLC VENICR City	CA	9003 V	
Street	City	State	Zip	
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	