24

CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.
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

Date 2 - 8 - 2012		OUNCIL'S RULES (VILL BE ENFORCE	J. /	Council File No., A		n, or Case No.
I wish to speak before the	City Co	ment	1			
·	Name of City Agend				/	
Do you wish to provide general p	ublic comment, or to	speak for or agains	t a proposal on	the agenda?	(❤) For p	roposal
Name: FATARR	I, AN	DAVIB	3		() Agai	nst proposal eral comments
Business or Organization Affiliation	on: 755	ST. Thon	WAS THE	APOS	ILE,	HULLINO
Address: 7501 H	PLLYLIOD	BLVb.	LA.	CA	900	46
Business phone: Street \$76	2102 Represen	ting: St. A.s	mas the A	State (Lip	L.
CHECK HERE IF YOU ARE A		•				
Client Name:				Ph	one #:	
Client Address:		***				
Street		City		State	Zip	



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Date /	THE CITY COUNCIL'S RULES OF	Council File N	lo., Agenda Item, or Case No.
8/25/2012	DECORUM WILL BE ENFORCED.	11-13	39
I wish to speak before the	COUNCIL		
Mar Mar	ne of City Agency, Department, Committee or	Council	
Do you wish to provide general public Name: $EVELYN$ C , D_r	comment, or to speak for or against a propose	al on the agend	a? (>) For proposal () Against proposal () General comments
	OT. Thomas the Apastu		
Address: 7501 Hollywood	o Blup los Angeles	CA	90046
Street	City Representing: ST Thomas the	State AposHe	Zip
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BEI	LOW:
Client Name:			Phone #:
Client Address:		***************************************	
Street	City	State	Zip

#29

CITY OF LOS ANGELES SPEAKER CARD

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Date	THE CITY COU	NCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
8-22-12		L BE ENFORCED.	(1-1339)
I wish to speak before the		<u>víl</u>		
	Name of City Agency, I	Department, Committ	ee or Council	
Do you wish to provide general p	oublic comment, or to spe	eak for or against a pi	oposal on the agenda?	() For proposal
Name: Sur ANN K	eeling			() Against proposal () General comments
Business or Organization Affiliation	on: ST ThomA	-X		
Address: 7501 Holly	wood Bluck	L. A.	State	Zip
Business phone:	Representing	j:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BELOV	w:
Client Name:			Ph	one #:
Client Address:		City	State	Zip

#24

CITY OF LOS ANGELES SPEAKER CARD

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Date	THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
8-22-12	DECORUM WILL BE ENFORCED.	11-13	39
I wish to speak before the	City Council		
	Name/of City Agency, Department, Commi	ttee or Council	
	public comment, or to speak for or against a	proposal on the agenda	? (> For proposal () Against proposal () General comments
Name: <u>Hen Noon</u>	ice		- () deficial comments
Business or Organization Affiliati	ion: St. Thomas the Apos	He Church	
Address: 7501 Holl	ywood # Los An	reles CA	90046
Street	2102 Representing: 54. Tho	State .	Zip
	A PAID SPEAKER AND PROVIDE CLIENT	,	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 8-22-/2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	The City C	och weil	'
	Name of City Agency, Department, Commi	ttee or Council	
Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agend	
Name: The Red.	Mr Wolfer S.	Tohnson	() Against proposal () General comments
Business or Organization Affiliation	on: 5+ Thoma	c Azest	(o
	Holywood Alod	· · · · · · · · · · · · · · · · · · ·	90046 Zip
Business phone: 323 876 -	City Representing: S	Thomas	Apoetlo
	A PAID SPEAKER AND PROVIDE CLIENT		LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RU	JLES OF Counc	il File No., Agenda Item, or Case No.
8.22.12	DECORUM WILL BE ENFORCED.		//-1339
I wish to speak before the	Council		
	Name of City Agency, Departmen	nt, Committee or Council	
Do you wish to provide general	public comment, or to speak for or a	against a proposal on the	agenda? Against proposal
Name: Julie 1	Heimark		() General comments
	ion: St. Thomas	the Apostle	Hollywood
	Hollywood Blud. 1		
Business phone: 323 4	174 - NOV Representing:	Ota	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:			
Street	City	Sta	te Zip

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	and the same of th		
Date 8/25/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	No.
I wish to speak before the	Name of City Agency, Department, Committ	tee or Council	
Do you wish to provide general	public comment, or to speak for or against a p	roposal on the agenda? M For proposal	
Business or Organization Affiliati	ion: Roctor's Wander &	F. T. Thomas The Ap	005T
Address: 50/ N.	Alfred ST LA	Ca 90048)
	Representing: <u>ST. THôm</u> A		
	A PAID SPEAKER AND PROVIDE CLIENT		
Client Name:		Phone #:	
Client Address:Street	City	State 7in	
Street	City	State Zip	

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Date \$22/2012	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No クリ	., Agenda Item, or Case No.
I wish to speak before the		Council	
Do you wish to provide general posterior with the provide general posterior with the provide general posterior and provide general posterior with the provid		ıl on the agenda	? () For proposal () Against proposal () General comments
· ·		1	(-1/22)
	en Ave. # 10, W. Hollyward, B	State	Zip
Business phone: <u>みろ 43の</u>	Liabob Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date	THE CITY COUNCIL	L'S RULES C)F Co	ouncil File I	No., Agenda Item, or Case No.
22 Aug 2012	DECORUM WILL B	E ENFORCE	D.	11-1	339
I wish to speak before the	City Council				
	Name of City Agency, Department	artment, Com	mittee or Coun	cil	
Do you wish to provide general		or or against	a proposal on t	he ageno	da? (For proposal ()Against proposal
Name: REFCE P	THOMSON				() General comments
		De Apos	:He		
Business or Organization Affiliation Address: 7501 Harabett	ollywood Blud	Los	Angestes	Ca	90046
Business phone:				State	Σίμ
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	OVIDE CLIE	NT INFORMAT	ION BE	LOW:
Client Name:					Phone #:
Client Address:					
Street		City		State	Zip

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Date	THE CITY COUNC				o., Agenda Item, or Case No.
	DECORUM WILL I	BE ENFORC	ED.	//EM	No. (24)
I wish to speak before the				.,	
	Name of City Agency, De	partment, Co	mmittee or Co	uncii	
Do you wish to provide general p	oublic comment, or to speak	for or again	st a proposal c	n the agend	
Name:	JOSHUA My	ER			() Against proposal () General comments
Business or Organization Affiliati	on: FRANKLAN/ 15	fortywood	D BLVD	WEST	HOA
Address: 1700 N,	CARDNER ST.	205 1	MULLES	<u>CA</u>	90046
Business phone:	Representing:	DON)	ANDRES	state , HeA	PRESIDENT
CHECK HERE IF YOU ARE					
Client Name:					Phone #:
OF A Addison					
Client Address:Street		City		State	Zip

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Date G·W·L	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	LDS Anguls Cutz Name of City Agency, Department, Commi	Canal ttee or Council
Do you wish to provide general p	oublic comment, or to speak for or against a p	proposal on the agenda? () For proposal
Name:	SUSAN TAYROR	() Against proposal () General comments
Business or Organization Affiliati	on: FROWKIN Herey	woed BLUD West HOA
Address: 173+ A	1. gardner street,	LA, CA 900fte
Business phone:	Representing: DON AV	Wills, Dusan laylor.
	A PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
Client Address:Street	City	State Zip

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		,			
Date	THE CITY COUNCIL'S RULES OF	Council File N	No., Agenda Item, or Case No.		
8/22/12	DECORUM WILL BE ENFORCED.	***************************************	24-		
I wish to speak before the	City Courail				
	Name of City Agency, Department, Committee or	Council			
Do you wish to provide general p	oublic comment, or to speak for or against a propose	al on the agenc			
Name: JoH	N Duesn		() Against proposal () General comments		
Business or Organization Affiliation: West Hollywood Councilments					
Address: Street	Sonta Monice Blod West of	to (livery) (State	CA GOOG		
Business phone:	Representing:		,		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEI	LOW:		
Client Name:			Phone #:		
Client Address:					
Street	City	State	Zip		

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Date 8/22/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee of	11-1	329	
	olic comment, or to speak for or against a propo	sal on the agenda?	? (1) For proposal () Against proposal	
Name: BRIAN	Franciste		() General comments	
Business or Organization Affiliation	:, St Thomas Holly wo	ed Epise	epal Chuas	
Address: 7501 Street	Follywood Bollywo	4 CA- 1 State	900 Y/	
	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	ow:	
Client Name:		Phone #:		
Client Address:				
Street	City	State	Zip	

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DECORUM WILL BE ENFORCED. 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 proposal on the agenda? For propose (a) Against proposal on the agenda? Against proposal on	Council File No., Agenda Item, or Case No.	
Name:		
	oposal	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	0046	
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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I wish to speak before the	City Council				
	Name of City Agency, Department, Committee	or Council			
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agenda?	For proposal		
Name: Christophe	er Wagner		() Against proposal () General comments		
Name: Christopher Wagner () Against proposal () General comments Business or Organization Affiliation: St. Thomas He Apostle (purishioner)					
Address:	•	•			
Street	City	State	Zip		
Business phone: 213 576 5017 Representing: MY5elf					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Ph	one #:		
Client Address:					
Street	City	State	Zip		