<u></u>	를 가고 있다면 하는 사람들이 하는 것이 있다면 가는 이 상태를 하는 것이 되었다면 하는 물이 있다.	T		
Date	THE CITY COUNCIL'S RULES OF		., Agenda Item, or	
1 0110 111 1	DECORUM WILL BE ENFORCED.	#60 C	F #11 -	- 1341
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		* *	
I wish to speak before the	1 Council			
Nam	e of City Agency, Department, Committee or	Council	-	<i>,</i>
Do you wish to provide general public of	comment, or to speak for or against a proposa	al on the agenda		
Name: C +	reces,	š	(义) Against ( General	proposal comments
Business or Organization Affiliation:	EEVS GREK LAND	hat the	LICIN	fuglify and a second
Address: 2323	Vistle Gordo De	-1A-6	Karana 904	Janes Company
0, .	10 Representing: Se/f	State	Zip	(
	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELC	OW:	
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.

Date 7 16 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 propos	al on the agenda? ( ) For proposal Against proposal
Name:	eri Austin	( ) General comments
Business or Organization Affiliat	ion: The Amanda	Two .
Address:	35/ N. Footh	1111 Rel BH 90210
Street  Business phone: 310 - 278-	2935 Representing: The AMO	State FNB  Maa FNB
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION 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.

Date 5 / 16/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council
	public comment, or to speak for or against a propo	
Name: Trails Lo	ngeore, Ph.D. ion: The Urban Wildland:	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: [ RE VISan WII a [ RA 0 ]	Troup
Address: 10.30x 24	1020 Los Angeles	CA 90024
Business phone: 3/0-2/	7-97/9 Representing:	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address: Street	Olt.	The state of the s
Street	City	State Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 08/16/11	THE CITY COUNCIL'S RU DECORUM WILL BE ENF	ILES OF	cil File No., Agend	da Item, or Case No.
	Mage 185 City me of City Agency, Departmen			Surgenistic with the
Do you wish to provide general public Name: Jacob Miller			agenda? ( ) (ﷺ ( )	For proposal Against proposal General comments
Business or Organization Affiliation:				
Address: 13825 Beave	<u> </u>	ylmar CA	ate	<u> </u>
Business phone: (918)618-7/	57 Representing:			'
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE	E CLIENT INFORMATION	N BELOW:	
Client Name:			Phone	#:
Client Address: Street	City	Sta	ate	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 8/16/2011	THE CITY COUNC	•	Cou	ncil File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, De	Ppartment, Commit	tee or Counci	1	
Do you wish to provide general	oublic comment, or to spea	k for or against a p	roposal on the	e agenda?	( ) For proposal
Name:	Pask				<ul><li>(▷) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliat	Ion: BUND A	nius			
Address: 77631	BH \$122	MALIBU	G <sub>A</sub>		70265
Business phone: 30,3%		City		State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATIO	ON BELO	w: []
Client Name:				P	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.

Date	THE	CITY COUNCIL'S RULE	S OF	Council File No., Agenda It	tem, or Case No.
G/16/2011	1	ORUM WILL BE ENFOR		(1)	
		NIOM WILL DE EIM VI	·V-D.		
	~ ( )				
I wish to speak before the	City (	ouncil			
,	Name of Cit	y Agency, Department,	Committee or Cou	ıncil	
Danish and the transport of the second				- th	
Do you wish to provide gene	eral public commer	nt, or to speak for or aga	linst a proposal or	rne agenda ( 💯 ) Fol	r proposai jainst proposal
Name:	Hawkins	He.			eneral comments
-	Q /	OF Friance	Animal	Carlot, 1	DENCY
Business or Organization Af	ffiliation:	<u> </u>	<u> </u>	755 KID (	DTMO)
Address: 5700 (	- Maclyn	Avo Son 1	allen	CA	
Street		City N	- 2 - 1	State Zip	. •
Business phone (48)		epresenting:	HIND		
		Jan Carlotte Janes			7
CHECK HERE IF YOU AF	re a paid spea	KER AND PROVIDE (	LIENT INFORMA	ATION BELOW:	
Ollers Name of Asset		- <b>-</b>			<b>-</b>
Client Name:	The state of the s	Company of the state of the sta		Phone #:	
Client Address:	1 - E			S	
Street	1	City		State Zîp	

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 4 221	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the		
	ne of City Agency, Department, Committee of	or Council
to Dova	comment, or to speak for or against a propo	sal on the agenda? For proposal  ( ) Against proposal  ( ) General comments
Business or Organization Affiliation:	BEST FRIENI	2 ( )
Address: 85 // Street	CREET/A.	State Zip
Business phone: 21336) 600	Representing:	•
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	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.

Date (2/1/6/1)		INCIL'S RULES OF LL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	City Cource Name of City Agency,	Department, Committee	or Council	, o.
Do you wish to provide general	·	- · · · - · · · · · · · · · · · · · · ·	oosal on the agenda?	( ) Against proposal
Name: <u>Destiny</u>	Haney	<b>&gt;</b>		( ) General comments
Business or Organization Affilia	tion: <u>Best File</u>	nds .		
Address: 3517 Cc	eidns Ave	City	State	90039 Zip
Business phone:	Representir	ng:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	PROVIDE CLIENT IN	FORMATION BELO	w:
Client Name:		· · · · · · · · · · · · · · · · · · ·	PI	none #:
Client Address:		Cib.	Chair	7
Street		City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 8/16/11	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 p	public comment, or to speak for or against a proposa	d on the agenda	? (×) For proposal	
Name:				
Business or Organization Affiliat	ion:			
Address:	•			
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:	
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.

Date Hug 1h	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	1119
	public comment, or to speak for or against a propos		? ( -) For proposal ( ) Against proposal ( ) General comments
् Business or Organization Affiliat	tion: BA FIRMAS LA	and L	<u> </u>
Address:Street	City	State	Zip
•	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:			hone #:
Street	City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date Ava 16	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 or	Council Council	-
	public comment, or to speak for or against a propos		
Name:	afe Konva		Against proposal     General comments
Business or Organization Affiliat	tion: Erst Franks	FRINGT	Sucrey
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INFO		<b>W:</b>
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>

1	3
16	$2\bigcup_{i=1}^{n}$
enda Item.	or Case No.

Date 8 16 111

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

I wish to speak before the	Council		*			
	Name of City Agen	cy, Departmen	t, Committee or Cou	ıncil		
Do you wish to provide gener			gainst a proposal on	the agenda	? 🂢 Fo	r proposal gainst proposal
Name: Kymber	ly Cloughe	<u> 54 </u>				eneral comments
Business or Organization Affi			animal	Socie	44	
Address: <u>355()</u>	Ely Que	LoviciT	<u> Secch</u>	CH	908	80
Street  Business phone: 562. 57	\ <u>0-5%0%</u> Represer	City_) nting: <u>(SO</u> ) <del>(</del>		State	Zip	
CHECK HERE IF YOU AR	E A PAID SPEAKER A	ND PROVIDE	CLIENT INFORMA	TION BELO	ow:	
Client Name:				F	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.

Date 8 16	111	COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Council		with the same of t
	Name of City Age	ency, Department, Committe	
Do you wish to provide ge	neral public comment, or	to speak for or against a pro	pposal on the agenda? (Against proposal
Name: Victor	10 Johns	50 M	( ) Against proposal ( ) General comments
Business or Organization	Affiliation: Best	Friends Av	imal society
Address: 4575	Ramona	AW) Apt	7 La Veine CA 917
Street  Business phone: 909	730 6254 Repres	enting: Best	State Zip Frends Animal Socie
CHECK HERE IF YOU	ARE A PAID SPEAKER	AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:			Phone #:
Client Address:	A1.		
Street		City	State Zip
Please see reverse of	card for important informa	ation and submit this entire	card to the presiding officer or chairperson.
	<b>1</b>	HIS IS A PUBLIC DOCUM	
and a second second	A CONTRACTOR OF THE CONTRACTOR		

Date % - 16 - 11	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO	_ESOF   ,	File No., Agenda Item, or Case No.
I wish to speak before the	Los Angeles City C Name of City Agency, Departmen	t, Committee or Council	
Do you wish to provide general p	public comment, or to speak for or a	gainst a proposal on the ag	enda? (<) For proposal
Name: Michael	NOONEY		( ) Against proposal     ( ) General comments
	ion: Best Friends		4
Address: HIT NORTH	CURSON ALK LAR City	·cA	90036
Street  Business phone: (323)64	City  Representing:	State	Zip
	A PAID SPEAKER AND PROVIDE		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.

	· ·			
Date 8 - 1 ( - 1 )	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before theNa	A. C. ナッ Council me of City Agency, Department, Committee o	· Council		
	comment, or to speak for or against a propos			
Name: Elizabet	n Opeck	( ) Against proposal ( ) General comments		
Business or Organization Affiliation: Best Friends Animal Society				
Address: Street	FONE Dr. Sherman	DAKS, CA 91423		
Street City State Zip ラード・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・				
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:		
Client Name:		Phone #:		
Client Address:	City	State Zip		
<del> </del>	Oity	State Lip		

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date Ang 16, 2011	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCE	F .   (a0	., Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Con	nmittee or Council	. (		
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agenda			
Name:	shansar		( ) Against proposal     ( ) General comments		
Business or Organization Affiliation:					
Address: 1960 Street	COMA VISTA De	480 H/S 40	210		
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	***************************************		hone #:		
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.

8/16/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	Name of City Agency, Department, Committee of	or Council			
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda? For proposal			
	PAWFORD	( ) Against proposal ( ) General comments			
	tion: Best Friends Animal	Society			
Address: 160 CMD	oum Sun Valley	CA 91352			
Address: 1050 C1910 00 City State Zip  Business phone: 416 106 615 Representing: Best Williams					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address: Street City State Zip					
Olicet					

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

8-10-11 DECORUM WILL BE ENFORCED.					
wish to speak before the Name of City Agency, Department, Committee or Council					
Oo you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( For proposal					
lame: Canales ( ) Against proposal ( ) General comments					
Business or Organization Affiliation: Best Friends Animal Society					
Address: 1045 Oncida Ave Pawma (A 9133) Street City State Zip					
Business phone: (818)823-3188 Representing:					
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 AUG 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	UNCIL or Council	
Do you wish to provide general	public comment, or to speak for or against a prop	posal on the agenda? (4) For proposal	
Name:	UISE HAMSTIEL	( ) Against proposal ( ) General comments	
Business or Organization Affiliat	tion:		
Address: 137 N. 0	Joodhan Tor LA	90049	
Business phone: 20 49	1292 Representing: Los	France Society	
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.

Date A UG 16, 2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before theNam	e of City Agency, Department, Committee o		
Do you wish to provide general public of	omment, or to speak for or against a propos	sal on the agenda? (X For proposal	
Name: FRANCIS	BATTISTA	( ) Against proposal ( ) General comments	
Business or Organization Affiliation:	BEST FRIEN	DS ANJAME SSCIETE	
Address: 7680 C 14/00	IVN AGURT HALTE	TOH 91352 '	
Business phone: 818-326-0	$233$ Representing: BE $\leq$ 7	State Zip Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:	\$4.		
Street	City	State Zip	

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 6 - / 6 - / 1	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 o	r Council		
Do you wish to provide general p	public comment, or to speak for or against a propos			
Name: Robin	Harmon	( ) General comments		
Business or Organization Affiliati	on: Best Friends Anima	2 Society		
Address: 1680 C	Lybourn Sur Valley	CG 91350 State Zip		
	8195 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.

NOTE: THIS IS A PUBLIC DOCUMENT.

Date 8 - 1 6 - 1 1	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 pu	ublic comment, or to speak for or against a proposa	al on the agenda? ( ) For proposal
Name: Phyll	is Daugherty	( ) Against proposal ( ) General comments
Business or Organization Affiliatio	m: Animal I souds M	kmy
Address: 420 N 3	The state of the s	LA 98026
Business phone: 213/413		State Zip
į.	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	May to the state of the state o	
Street	City	State Zip
Please see reverse of card for	r important information and submit this entire card	to the presiding officer or chairperson.

Date		
	Local De N	

# THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.
(0)
Emergy & sure

I wish to speak before the	City Counci	The state of the s	
Name	of City Agency Department, Comr	mittee or Council	
Do you wish to provide general public co	omment, or to speak for or against a	a proposal on the agenda?	( ) For proposal ( ) Against proposal
Name:	CI (JUSS		( ) General comments
Business or Organization Affiliation:	The STAND F	oun dation	
Address:			
Street Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIEN	IT INFORMATION BELO	w: 🔲
Client Name:		P	hone #:
Client Address:	스트		
Street	City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.