福	.06/	LES SPEAKER	CARD 11-13-45
Date	THE CITY COUNCIL'	'S RIII ES AE	Council File No., Agenda Item, or Case No.
8/12/11	DECORUM WILL BE		an (NE ANIMAL
I wish to speak before the	City Cou	A C 1	Shelter)
wish to speak belore the	Name of City Agency, Depa	rtment, Committee or	Council
Do you wish to provide general	public comment, or to speak for	or against a proposa	al on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: The Av	nanda F	77
Address:	351 N- Y	DOTHILL	160 BH 40210
Business phone: $\frac{\text{Street}}{\frac{1}{2}}$	182935 Representing:	The Ame	State Filo
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT INFOF	RMATION BELOW:
Client-Name:	•		Phone #:
Client Address:	Ci	ity	State Zip

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

		·
Date 8/12/11	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
	Name for Only Agency, Department, Committee	e of Council
Do you wish to provide general	public comment, or to speak for or against a pro	
Name: Teri	Austin	(X) Against proposal () General comments
Business or Organization Affilia	ation: The Amanda Fr	
Address: 35	1 N- Footh N Rd	BH ON 90210
Street Business phone: 310-278	2935 Representing: The Ann	andy Fuo
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION 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 08/12/11	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OF OF	o., Agenda Item, or Case No.
I wish to speak before the LOS	Angeles City Cour lame of City Agency, Department, Co	mmittee or Council	
Do you wish to provide general publ	lic comment, or to speak for or agains	st a proposal on the agenda	? () For proposal
Name: Jacob Miller			() Against proposal () General comments
Business or Organization Affiliation:	SEIU Local 721		
Address: 13825 Beaver .	st. #90 Sylmar City	CA State	91342 Zip
Business phone: (818)618 - 71	57 Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLI	ENT INFORMATION 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 1 1 1 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	
I wish to speak before the	Name of City Agency, Department, Comm	mittee or Council
Do you wish to provide general p	Stanfield and speak for or against a	a proposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliati	on: LA. Aning Se	ruices Volunteers
Address: //050 C	1/3-ego St. MO146	HOLUMOON CA 9/60) State Zip
Business phone:	Representing:	**************************************
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT 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.

Date 8/10/1)	THE CITY COUNDECORUM WILL	CIL'S RULES BE ENFORC		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, D	epartment, Co	ommittee or C	Council	
Do you wish to provide general p	NEP			on the agenda	? (/) For proposal () Against proposal () General comments
Business or Organization Affiliati	ion: (a/i-lurnin	Pean	Mora,	Capain	-
Address: 39/6 5. S	Sepalvida #109	City	<u> </u>	State	9023) Zip
Business phone: 3/0-39	<u>가이건의</u> Representing:				
CHECK HERE IF YOU ARE A	PAID SPEAKER AND F	PROVIDE CLI	ENT INFOR	MATION BELO	ow:
Client Name:					Phone #:
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>

Date 5 /10/11	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO	LES OF PROPERTY	No., Agenda Item, or Case No.
/ I wish to speak before the	h. Cz., szil		
I Wish to speak before the	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 ager	nda? () For proposal () Against proposal
Name: <u>Anguli Vao</u>	NY ENV		() General comments
Business or Organization Affiliat	ion: <u>Califednia</u>	_ (801/11.0n · (0	recto
Address: 2303 () 28 (10) Street	is a LA	<u> </u>	9000
Street Business phone: 243-757	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BE	Low:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I w∕ish to speak before the	Name of City Agency, Department, Commi	
Do you wish to provide general p	oublic comment, or to speak for or against a p	
Name: FRANCI	> BATTISTA	() Against proposal () General comments
Bu siness or Organization Affiliat	ion: BEST FRIE	HDS AnimAl SGC.
Address: 4633	BEN A	e Valley V, CA91607
Bu siness phone:	26-5434 City Representing: BEST	State Zip .
CHIECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Cli ent Name:		Phone #:
Cli ent Address:	City	State Zip
Sileei	Oity	Ciale Zip

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

Date 2	THE CITY COUNCIL'	S RULES OF ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Depa	rtment, Committee or		
Do you wish to provide general pu	ıblic comment, or to speak fo	or or against a proposa	al on the agenda?	
Name: FRANC	Is BATTI	STA.		Against proposalGeneral comments
Business or Organization Affiliatio	n: BEST FRI	ENDS An	imac So	ociety
Address: 433	BEN VAILEY		CA	91607
Business phone: Street	-6434 Representing:	TOTAL ST F	State // IE/VDS	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFO	RMATION BELOW	: 🗍
Client Name:			Pho	one #:
Client Address:				
Street	C	ity	State	Zip

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

Date 8-12-11	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	
Do you wish to provide general p	public comment, or to speak for or against a prop	
Name: Elizal	oeth Oreck	() Against proposal () General comments
Business or Organization Affiliat	ion: Best Friends A	nimal Society
Address:Street	5 herman Oa	K5 91423
Business phone: \$13.531	· 0355 Representing:	State Zip "
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 8 /12 /1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, o	or Case No.
wish to speak before the	Name of City Agency, Department, Committee of	Council	
, -	oublic comment, or to speak for or against a propos	() Against	
	on:		
Address: Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION 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.

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Date 8/12/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council F	ile No., Agenda Item, or Case No.
I wish to speak before the Nam	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public of	omment, or to speak for or against a proposa	I on the age	
Name: Mark Nodee			() Against proposal () General comments
	The state of the s		
Business or Organization Affiliation:	PIXIVEINIT THE		
Address: 7600 clybe	and ave to hade	CA	91352
Street Business phone: 818-735-7653	Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION E	BELOW:
Client Name:			Phone #:
Official Address			
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 1 0 / //	THE CITY COUNCIL'S DECORUM WILL BE E	-97	Council File No., Age	nda Item, or Case No.
I wish to speak before the	Name of City Agency, Depart	ment, Committee or C	Council	,
Do you wish to provide general	public comment, or to speak for	or against a proposal	on the agenda? (For proposal
Name:			Commence () Against proposal) General comments
Business or Organization Affiliat	ion:			
Address: Street	City		State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROV	IDE CLIENT INFOR	MATION BELOW:	
Client Name:			Phon	e #:
Client Address:				

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

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 the							
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (V) For proposal							
Name:	1 Metropole	() Against proposal () General comments					
Business or Organization Affiliation:							
Address: Street	$\frac{1}{1}$ (66) and City	State Zip					
Business phone:	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.

Date 8-12-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	enda 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 proposal on the agenda? () For proposal							
Name: Hradica	DACMS	() Against proposal) General comments				
Bull siness or Organization Affiliation:							
Ad dress:Street	City	State	Zip				
	Representing:						
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Cli ent Name:		Phon	e #:				
Cli ent 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 RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.					
I w≀ish 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 proposal							
Name: CACO		() Against proposal () General comments					
Bu siness or Organization Affiliation:							
Address:	LIMA VISIA DR BRU VILLE	90216					
Street	City	State Zip					
Bu siness phone:	Representing:						
CHIECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Cli ent Name:		Phone #:					
Cli ent Address:	City	State Zip					

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Date/Time Submitted

Van Nuys

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

08/12/2011 11:57 AM			21	
wish to speak before the		Council		
	Name of City A	gency, Department, Con	nmittee or Council	
Do you wish to provide genera	l public comment, or to speak fo <i>Daniel Guss</i>		osal on the agenda?	() For proposal () Against proposal () General comment
Business or Organization Affilia	ation:		<u> </u>	
Address:				
Street Business phone:	Representing:	City	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE	E CLIENT INFORM	ATION BELOW:	
Client Name:		Ph	none No.:	and the state of t
Client Address:				
St	reet	City	State	7in