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

				TOWN
Date 1/28/13	THE CITY COUNC		Council File No	., Agenda Item, or Case No.
I wish to speak before the	A RWOR A			
	Name of City Agency, De	partment, Committee o	or Council	
Do you wish to provide general Name:		c for or against a propo	sal on the agenda	? (For proposal () Against proposal () General comments
Business or Organization Affiliat				
Address: <u>5317</u> N	· AGUONOA	5T - LA	CA 9	10042
Address: S317 N Street Business phone (10) 568	9139 Representing:	City	State	ZIP
CHECK HERE IF YOU ARE				ow:
Client Name:			ļ ļ	Phone #:
Client Address:		Oit.	Chal	77)
Street		City	State	Zìp

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Date	THE CITY COUNCIL'S RULES OF		nda Item, or Case No.
1-28-13	DECORUM WILL BE ENFORCED.	#3 Recre	advoinal Zone
I wish to speak before the	A River Ad Hee Name of City Agency, Department, Committee	e or Council	03.
Do you wish to provide general រុ	oublic comment, or to speak for or against a pro	posal on the agenda?) For proposal
Name: Mariak I	odge) Against proposal) General comments
	on: Friends of Griffith	Park	
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:	
Client Name:		Phone	e #:
Client Address:			
Street	City	State	Zip

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Date 1-28-2013	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	Attend 11	No., Agenda Item, or Case No. ー/ 4 o	
I wish to speak before the	L.A. River Al Hoc			
	Name of City Agency, Department, Cor	nmittee or Council		
Name: Benadette		t a proposal on the agenc	da? () For proposal () Against proposal Ceneral comments	
Business or Organization Affiliati	ion: Mends of Suffe	the tak		
Address: 3015 /2	Lendale Blud LA	Č4	70037	
Business phone: 323-663-	6/93 Representing: Frunds	State Langueth fa	ik Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:	City	State	Zip	
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Date / 28//3	THE CITY COUNCIL'S F DECORUM WILL BE EN	the	ouncil File No., Age	enda Item, or Case No.
I wish to speak before the	AD HOC RIVER Name of City Agency, Department		cil	
Do you wish to provide general p	oublic comment, or to speak for or	against a proposal on t	he agenda? (در) () For proposal Against proposal General comments
Business or Organization Affiliation	on: Resident of A			
Address: 411 Chry	(hase Dolle, City 81-6664 Representing:	CA 9003	State	Zip
	A PAID SPEAKER AND PROVID	, ,		
Client Name:			Phon	e #:
Client Address:Street	City		State	Zip

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Date 1/28 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Ad the lover Committee	CF 11-1403
	Name of City Agency, Department, Committee of	or Council
\sim \sim	oublic comment, or to speak for or against a propo	osal on the agenda? (For proposal () Against proposal () General comments
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Business or Organization Affiliati	on: LA KIN Parikish.	~ (P.
Address: Sto W.	ANE. 2C #485 LA, CA	9065
Street Business phone: 323.221-3	- City	State Zip
	`	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date Jan 28, 2013		OUNCIL'S RULES OF WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the	lles iner (c			
	lame of City Agen	cy, Department, Committee	or Council	
Do you wish to provide general pub	ic comment, or to	speak for or against a prop	osal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliation:	Self			
Address: 4((Chro	~	City Atwester	Liley (A	90039 Zip
Business phone: 88827	<u>) 93</u> Represer	nting: Self		
CHECK HERE IF YOU ARE A PA			FORMATION BELO	ow:
Client Name:				Phone #:
Client Address:Street		City	State	Zip

CITY)F LOS ANGELES SPEAKER ARD ---

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

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