Date 4/4/12		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the		on ment Commit		
Do you wish to provide general	public comment, or to	speak for or against a p	roposal on the agenda	
Name: Marisa Tsai				() Against proposal() General comments
Business or Organization Affiliat	ion: <u>US</u>	Calping		
Address: 3025 Royal	St Apt/04	Los Angeles	CA	9339 90007
Business phone: (147595-3			State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT	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		
Date	Lulana	
114	14/2012	

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

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

I wish to speak before the	Committee in the	Environment.		
	Name of City Agency, [Department, Committee or Co	ouncil	
Do you wish to provide gener	al public comment, or to spe	ak for or against a proposal o	on the agenda	For proposal () Against proposal () General comments
Business or Organization Affi	liation: UCLA EX	temal Vice President	dent 0	Ace
Address: 10983 Wel	Ilworth Avenue		CA	90024
Business phone: (3)6)	205-4251 Representing	: UCLA Students	State >	Zip
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND	PROVIDE CLIENT INFORM	NATION BEL	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.

CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 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? (V For proposal Against proposal General comments Name: Business or Organization Affiliation: State Business phone: _____ Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:

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

City

State

Zip

Client Address:

Street

Dete	-
Date	
4/4/12	
11 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 Committee on	the Environ	nment	
	cy, Department, Comm	ittee or Council	
Do you wish to provide general public comment, or to		proposal on the agenda?	
Name: Daniel Block	20		Against proposal General comments
Business or Organization Affiliation: External	Vice Preside	nt of UCLA	
Address: 516 Glenrock Ave	Los Angeles	CA	90024
Street Business phone: 408 896 5053 Represen	ting: VCLA	Students	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER A	ND PROVIDE CLIENT	INFORMATION BELOV	w:
Client Name:		Pr	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.

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

Date

Date 4/4/12	THE CITY CO	OUNCIL'S RUI		Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agence	thVir cy, Departmen	oment. t, Committee or	Council	
Do you wish to provide general			gainst a propos	al on the agenda	? (For proposal
Name: Angela Av	unarsirakul	2			() Against proposal () General comments
Business or Organization Affiliat	ion: UCLA	(
Address: 519 N	trenue 68	los A	Ingeles	CA	70042
					Zip
Business phone:	Represen	ting:			
CHECK HERE IF YOU ARE	PAID SPEAKER A	ND PROVIDE	CLIENT INFO	RMATION BEL	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. NOTE: THIS IS A PUBLIC DOCUMENT.

4-4-12	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OF A GOIA	o., Agenda Item, or Case No.
I wish to speak before the	Committee ON E	110.110	17
Do you wish to provide general	public comment, or to speak for or again	st a proposal on the agenda	
Name: AUSTIN R	258		() Against proposal () General comments
Business or Organization Affiliat	ion: UCLA		
Address: 310De Ne	ve Dr Los And	eles CA	90024
Business phone: 760 %	21514 Representing: UCL	A students	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BEL	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 4/4/17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	OF	cil File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, C	ommittee or Council	
	ublic comment, or to speak for or again	nst a proposal on the	agenda? () For proposal () Against proposal
Name: Skylw Doo	man		() General comments
Business or Organization Affiliatio	n: Sieva Club Beyond	Coal	
Address: 15 Street	Sycamore Ave LAP	CA Sta	90058 ate Zip
Business phone:	Representing:		- 7
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	LIENT 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.

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

4-4-2012	DECORUM WILL BE ENFORCED.	if .
I wish to speak before the	Energy and Environment	
	Name of City Agency, Department, Committee	e or Council
	ublic comment, or to speak for or against a prop	() Against proposal
Name: Max Avam, D	irector of Environmental Affairs Co	montee CSUN () General comments
Business or Organization Affiliation	on: California Stato University.	Nor Shirdae

Business phone: (818)677-2477 Representing: Environmental Affairs Committee & A.S. CSUN

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Date

Address: 18111

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		
4	(4(12	

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

Council	File	No.,	Agenda	Item,	or Case No.
1	te.	m	14		

	City Agency, Department, Commit	tee or Council	
Do you wish to provide general public comm Name:	inhose		For proposal Against proposal General comments
Business of Organization Anniation.	1019		
Address:Street	City	State	Zip
Business phone:		State	~ih
CHECK HERE IF YOU ARE A PAID SPE	EAKER AND PROVIDE CLIENT	INFORMATION BELOV	V:
Client Name:		Ph	one #:
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 4/4/12-	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, Committee or	Committee.
Do you wish to provide general p	ublic comment, or to speak for or against a propos	
Name: AUYO VGS9	we z	() Against proposal General comments
Business or Organization Affiliation	on: Serou clos Beyond Co	al Carrege.
Address: 7/4 W O/-	on: Sierra clob Beyond Con 1mir Blud soite 1000	los Augelor A 90015.
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION 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 4,4,2012	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Energy and Environmental Committee of Name of City Agency, Department, Committee of	c or Council	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda?	
Name: Behrang Zano	di, VP of Environmental Affairs Comun	itee, CSUN	Against proposal General comments
Business or Organization Affiliat	tion: California State University,	Northridge	
	Pf st. Northridge		91330
	2477 Representing: Environmental Affairs		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOV	v:
Client Name:		Ph	one #:
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.

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

Date

4/4/12	DECORUM V	OUNCIL'S RU	ORCED.		7	/	
I wish to speak before the	Energy Name of Gity Agen	<i>QnO</i> cy, Departme	Eh Vi	rov ee or C	n men T	Comini	Hee
Do you wish to provide general p	oublic comment, or to	speak for or	against a pro	posal	on the agend	a? (X For proposa	Ι
Name: Chloe	Groome					() Against pro () General coi	posal nments
Business or Organization Affiliati		PIR	G				
Address: 250 Pe /					CA	9002	4
Business phone: 6916)66					State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDI	E CLIENT II	NFORI	MATION BEL	.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				
Date	4	4	10	
	1	. (10	

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 tyte	DWW. HEE		
		cy, Department, Commi	ttee or Council	
Do you wish to provide	general public comment, or to	speak for or against a p	proposal on the agenda?	(×) For proposal() Against proposal() General comments
Business or Organization	Hidenen. on Affiliation: Sector	derfourde	ation	
Address:	net .	City	State	Zip
Business phone:		nting:		
CHECK HERE IF YOU	J ARE A PAID SPEAKER A	AND PROVIDE CLIENT	INFORMATION BELOV	N:
Client Name:			Ph	none #:
Client Address:	eet .	City	State	Zip

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

C	TIY OF LOS AN	GELES SPEAR	CER CARD	
Date 4/4/12		ICIL'S RULES OF BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the	Energy &			
	Name of City Agency, D	Department, Committ	ee or Council	
Do you wish to provide general pu	TEN			? () For proposal () Against proposal () General comments
Business or Organization Affiliation	: central	City Asso	ciation	
Address: 626 Wilshire	3 Blvd. #200	LA	A	90017
Street		City	State	Zip
Business phone: 624-121	Representing			*
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT	NFORMATION BELO	ow: 1
Client Name:	same		F	Phone #:

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

State

Zip

City

Client Address:

Street

Date 9/4/2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
	ublic comment, or to speak for or against a propos	sal on the agenda	
Name: 5+Vait	Waldman		(). Against proposal () General comments
Business or Organization Affiliation	n:VICA		
Address: 5121 Va	Noys Blud Sherma Oak	State	91403
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEL	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.

NOTE: THIS IS A PUBLIC DOCUMENT.

4/4/12	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFOR	SOF	No., Agenda Item, or Da	ISTE NO.
I wish to speak before theE	Nerg / (environ ment) Name of City Agency, Department, C	Committee or Council		
Do you wish to provide general p	ublic comment, or to speak for or agai	nst a proposal on the age		
Name: Matthew	Barnett		() Against pro () General co	
Business or Organization Affiliation	on: Office of Ass	embly member	Jolia B	rounle)
Address: 2800 281	St Suite 150 Santo	Monica CA	90405	/
Street	City	State	Zip	
Business phone: (310) 450-00	Representing: A 55 (m)	lymember BAD	unley	
	PAID SPEAKER AND PROVIDE C			
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.

wish to speak before the Caty Council 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? () Against proposal () Against proposal () Against proposal () General comments Business or Organization Affiliation: Address: 2500 FAIRTAX # WEST HOUY WOOD Street Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:				, "	
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? () Against proposal () Against proposal () General comments Business or Organization Affiliation: Address: 250	Date 4 12			Council File No	o., Agenda Item, or Case No.
Name: MICHAEL BASEL (*) Against proposal (*) General comments Business or Organization Affiliation: Address: 1250 N. FAIRTAX #1 WEST HOUY (JOB) CA 90044 Street City State Zip Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	I Wish to speak before the			or Council	
Name:	Do you wish to provide general pu	blic comment, or to	speak for or against a propo	sal on the agenda	
Address: 250 N FARTAX #	Name: MICHAEL BI	ABEL			() Against proposal () General comments
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #: Client Name: Phone #:	Business or Organization Affiliation	1:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Address: 250 N. F.	AIRFAX #1	WEST HOLLY WOOD	State	9004L
Client Name: Phone #:	Business phone:	Represer	nting:		
Client Address:	CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CLIENT INF	ORMATION BEL	OW:
	Client Name:				Phone #:
Street City State Zip	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 4 - 4 - 10	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	1 or Council	/
	ublic comment, or to speak for or against a propose ADWALLADBR ON: DORFRIDER TOU WARTOW.		() For proposal () Against proposal () General comments
Address:		Į.	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELO	W:
Client Name:	<u> </u>	P	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.

Date 4 4 12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Iten	n, or Case No.
I wish to speak before the	92 (1 WWW HEE Name of City Agency, Department, Committee	or Council	
Do you wish to provide general pub	olic comment, or to speak for or against a propo	sal on the agenda? () For p	roposal
Name: NORMA	Fierro		nst proposal eral comments
Business or Organization Affiliation	: Cum Polu		
Address: 5700 Parc	lett Street) Hunting	Hon Park CA Zip	
Business phone: 323 5 85 8	5521 Representing: SUP		
	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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 9 4 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 Gity Agency, Department, Committee o	+ Cm te	
Do you wish to provide general p	ublic comment, or to speak for or against a propos	sal on the agenda	
Name: Mattha	valles		() Against proposal () General comments
	on: Crown Poly		
Address: 5700 BICL	cett Street Hunhington	Park C	Zip
Business phone: 323585		Otato	-ib
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:			Phone #:
Client Address:	City	State	Zip
Street	Oity	State	Zip

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

Date 4-4-12		COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
1-12	DECORUM	I WILL BE ENFORCED.	1	
			l	1-153
wish to speak before the		ency, Department, Committee	or Council	
	, ,			
Do you wish to provide general	public comment, or	to speak for or against a prop	oosal on the agenda	? (V) For proposal () Against proposal
Name: Alice Mai				() General comments
Business or Organization Affilia	tion: UCLA			
Address: 350 DL NLV	e pr. RWS81	LOS ANGELES	State	91024 Zip
Business phone: 213-446			State	
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT IN	FORMATION BELO	OW:
Client Name:			1	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 4 4 12		COUNCIL'S RULES OF WILL BE ENFORCED.	^	Agenda Item, or Case No.
I wish to speak before the	Name of City Ag	the Environmency, Department, Committee	en t	7)
Do you wish to provide general p	Ino			Against proposal General comments
Business or Organization Affiliati	on: UCLA E	External Vice Presid	dents office	ec.
Address: OSO De M	ere Dure	Los Angeles	State	90024 Zip
Business phone: 31073573	Repres	senting:		· ·
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip
Ollock		J.,	Stato	~-IP

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

Date 4/4/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		lo., Agenda Item, or Case No.
I wish to speak before the	Energy and Envivo Name of City Agency, Department, Com	nment Carr mittee or Council	mittee
Do you wish to provide general pu	ublic comment, or to speak for or against	a proposal on the agend	la? (X) For proposal
Name: Chloe Gr	roome		() General comments
Business or Organization Affiliation	on: CALPIRG		
Address: 250 De Nev	e Drive LA	C.A State	90024 Zip
Business phone: (9/6) 662			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BEI	.OW:
Client Name:			Phone #:
Client Address:			991
Street	City	State	Zip

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

Date			
H	1,1	11011	
	(VI	19019	

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, D			
Do you wish to provide general		ak for or against a	a proposal on the agenda?	For proposal Against proposal General comments
Business or Organization Affilia	ation: CALPIR	4-USC		
Address: 13 16 M Wee	st Jetherson AAH3	LA	CA	90007
Business phone: 489	Representing:	Calpivs -	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIEN	IT INFORMATION BELOV	v:
Client Name:			Ph	one #:
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.

THE CITY COUNCIL'S DILLES OF

Date

4-4-12	DECORUM WILL BE ENFOR	8 1 I	1-1531
I wish to speak before the	WERGY & ENVIRONMENT	CTE.	
	Name of City Agency, Department,	Committee or Council	
Do you wish to provide genera	I public comment, or to speak for or aga	inst a proposal on the agend	da? () For proposal () Against proposal
Name: Hillary Gordon)	A	() General comments
Business or Organization Affilia	ation: Sierra Club Angeles Chap	ter Zero Waste Con	mittee
Address: 1823 Camde	n Ave. # 2 Lost	Ingeles CA	90025
Business phone:	ation: Sierra Club Angeles Chap Ave. # 2 Los F City Representing: Sierr	a Club Anales Ch	apter
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE O	LIENT INFORMATION BEI	LOW:
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.

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

Date

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

Name:	4/4/12	DECORUM WILL BE ENFORCED.	1 (p	lastic bags)
Name: Kirsten James () Against propose () General common () Genera	I wish to speak before the	Energy and Env Cor Name of City Agency, Department, Committee	nmuttee tee or Council	
Name: Kirsten James () General common Business or Organization Affiliation: Heal the Bay Address: 1444 944 City State Zip Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Do you wish to provide genera	I public comment, or to speak for or against a pr	roposal on the agenda?	
Address:	Name: Kirsten	James		Against proposal General comments
Address:	Business or Organization Affilia	ation: Heal the Bay		
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:				904091 Zip
Client Name: Phone #: Client Address:				*
Client Address:	CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	W:
Client Address: Street City State Zip	Client Name:		P	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.

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

Date

4-4-12		VILL BE ENFORCED.		1
I wish to speak before the		cy, Department, Committee or		He
Do you wish to provide general p	oublic comment, or to	speak for or against a propos	al on the agenda	
Name: RICK Cro	anlall			() Against proposal () General comments
Business or Organization Affiliat	ion: Albert	San		
Address: 1421 5. m	namaton	Fullantan	State	917831 Zip
Business phone: 714-300 (289 Represer	nting: Albertson		
CHECK HERE IF YOU ARE	PAID SPEAKER A	ND PROVIDE CLIENT INFO	RMATION BEL	OW:
Client Name:				Phone #:
Client Address:		City	State	Zip
Olloot		J,	State	ib

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

THE CITY COUNCIL'S RULES OF

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

Date

11 11 10

9-9-10	DECORUM WILL BE ENFORCED.		
I wish to speak before theNar	Energy t Env Committee or ne of City Agency, Department, Committee or	Council	
Do you wish to provide general public	comment, or to speak for or against a proposa	al on the agend	
Name: Sarah Spe	ehy		() Against proposal () General comments
Business or Organization Affiliation:	CA Crocers Asso	C	
Address: 1030 N. Lake	St Orbonk,	State	Zip
Business phone: 30-779-680	Representing: <u>ACCORS</u>		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	.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.

NOTE: THIS IS A PUBLIC DOCUMENT.

1///	CITY COUNCIL'S RULES OF RUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or case No.
I wish to speak before the Name of City	Agency, Department, Committee	ee or Council	
Do you wish to provide general public comment	t, or to speak for or against a pro	posal on the agenda?	? () For proposal () Against proposal
Name: JESSICA TUBOFF			(General comments
Business or Organization Affiliation:	CHAMBER		
Address: 350 S. BIXEL	LA	CA	9007
Business phone: $813 - 580 - 7558$ Re	epresenting:	State	ΖIP
CHECK HERE IF YOU ARE A PAID SPEAK	KER AND PROVIDE CLIENT II	NFORMATION BELO	w:
Client Name:		P	hone #:
Client 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.

	CITY OF LOS ANGELES SPEA	KER CARD	
Date 4 4 12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	E } E Commit	ell	
	Name of City Agency, Department, Comm	ittee or Council	
Do you wish to provide general Name:	al public comment, or to speak for or against a man Hom jation: Surfrider Four	proposal on the agenda?	For proposal () Against proposal () General comments
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	V:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip
Otteet	Only	State	Zip'

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

Date

04/04/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	11-153
I wish 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: LESUE	TAMMINEN	() Against proposal () General comments
Business or Organization Affiliat	ion: SEVENTH GUN A	DV150pS
7601	Dr 1900 1 PARIL PO 15	State Zip
Business phone: 310 780	7334 Representing: 98	State Zip /ENTH GEN , ADVISORS
	A PAID SPEAKER AND PROVIDE CLIENT	
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 4/4/12	THE CITY COUNC		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	144 Council Name of City Agency, De	epartment, Committee or	Council	
Do you wish to provide general p		k for or against a proposa	I on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliation	on:			
Address: 1250 N. F	airfox Ave, #1	Los Angeles	State	90046 Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND P	ROVIDE CLIENT INFOR	RMATION BELOV	V:
Client Name:			DI	one #:

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

City

State

Zip

Client Address:

Street

Date 4/4/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., 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	
Mame: Abad Du			Against proposal () General comments
Business or Organization Affilia	ation: Crown Poly		
Address: 5700 Bic.		State	90255 Zip
Business phone: 323 · 585	5-5522 Representing: Self		×
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	OW:
Client Name:			Phone #:
Client Address:	Oib.	Chata	7:
Street	City	State	Zip
Please see reverse of card	for important information and submit this entire car	d to the presiding	officer or chairperson.

				1		
Date 4 / 4 / 12		OUNCIL'S RULES OF WILL BE ENFORCED.	. 7 (Council File	No., Agenda Item, o	or Case No.
I wish to speak before theEv	vergy awa	d Environm ncy, Department, Commi	ent (ttee or Cou	omm ncil	ittee	V
Do you wish to provide general pu	blic comment, or to	speak for or against a p	oroposal on	the agend		
Mame: Elicia, D	rtiz				(X) Against	proposal comments
Business or Organization Affiliation		Poly.				
Address: 5700 F	Bickett	Huntington	Park	CA	9025	5
Business phone: (323) 585				State	Zip	
CHECK HERE IF YOU ARE A			INFORMA	TION BE	LOW:	
Client Name:					Phone #:	
Client Address:		Other		Ctoto	7:0	
Street		City		State	Zip	

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

Date 4/14/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
I wish to speak before the N	ame of City Agency, Department, Committee	or Council	
Do you wish to provide general publ	ic comment, or to speak for or against a propo	sal on the agenda?	
Name: Ble maria 4	alanda Zint		Against proposal () General comments
Business or Organization Affiliation:	Crown Poly		
Address: 5706 Bidge		CA	90255
Business phone:			
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name: Malanda Ru			
Client Marie. May aron 10		P	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.

H 4 12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	# /	o., Agenda Item, or Case No.
I wish to speak before the Engro	me of City Agency, Department, Committee or	mmillee Council	
Do you wish to provide general public	comment, or to speak for or against a propose	al on the agenda	a? () For proposal () Against proposal
Name: (aylos M	ediano		() General comments
Business or Organization Affiliation:	Crown Poly		
Address: 5700 Bickett	Huntington Park	CA	90255
Business phone: 323 S85	Qty Representing: 801F	State	Zip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:	City	Ctata	7:
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 4 4 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 _En	ergy and Environment Name of City Agency, Department, Comm	Committee	
Do you wish to provide general pr	ublic comment, or to speak for or against a	proposal on the agenda?	
Mame: Leticia So	aucedo		(X) Against proposal () General comments
Business or Organization Affiliation	on: Crown Poly		
Address: 5700 Bicker Street	Huntington Par	State	90255 Zip
Business phone: 323.585	. 5522 Representing: Self		
1,0	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	W:
Client Name:	9	PI	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 4/4/12	THE CITY COUNCIL'S RUDECORUM WILL BE ENF		Council File No	o., Agenda Item, or Case No.
I wish to speak before the	nergy and Environ Name of City Agency, Departme	<u>nment Com</u> ent, Committee or C	Mittee ouncil	
Do you wish to provide general p	public comment, or to speak for or	against a proposal	on the agenda	
Name: MARIA	MONTES			(X) Against proposal () General comments
Business or Organization Affiliat	ion: Crown Poly			
Address: 5700 Bick		pton Park	CA	90255 Zip
Business phone: 323.583	5 · 5522 Representing: Self			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORM	MATION BEL	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.