| (  | CITY OF LOS AND            | ELES SPEAKER            | CARD VA              | 15 11-1532                        |  |
|--|----------------------------|-------------------------|----------------------|-----------------------------------|--|
| Date 03-07-12  | THE CITY COUNC             |                         | Council File No., Aç | genda Item, or Case No.           |  |
| I wish to speak before the   | LACC                       |                         |                      |                                   |  |
| ·  | Name of City Agency, De    | partment, Committee or  | Council              |                                   |  |
| Do you wish to provide general p   | ublic comment, or to speak | for or against a propos | al on the agenda? (  |                                   |  |
| Name: HRME   | NAK NOURIL                 | )iANIAN                 | E                    | Against proposal General comments |  |
| Business or Organization Affiliation                                       | NE                         | PARty                   |                      |                                   |  |
|  | 1 / . n                    | PLACE                   | LA CAS               | 70007                             |  |
| Address: <u>9450</u><br>Street<br>Business phone: <u>323</u> -445          | 1600 Representing:         | City SELF               | State                | Zip                               |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |                            |                         |                      |                                   |  |
| Client Name:   |                            |                         | Pho                  | ne #:                             |  |
| Client Address:  |                            | Ola.                    | Obda                 | 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 7 / 12                      | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., A  | genda Item, or Case No.                       |
|----------------------------------|---|----------------------|---|
| I wish to speak before the       | Name of City Agency, Department, Committee            |                      | A A A A A A A A A A A A A A A A A A A         |
| 7 17 E                           | / / /   | posal on the agenda? | For proposal                                  |
| Name: Druce                      | (150xer   |                      | (i) Against proposal<br>(ii) General comments |
| Business or Organization Affilia | ation:  |                      | · · · · · · · · · · · · · · · · · · ·         |
| Address:                         |   |                      |   |
| Address:Street                   | City  | State                | Zip   |
|                                  | Representing:   |                      |   |
|                                  | A PAID SPEAKER AND PROVIDE CLIENT II                  | NFORMATION BELOW     | :   |
| Client Name:                     |   | Pho                  | ne #:   |
| Client Address:                  |   |                      | _   |
| Street                           | City  | State                | Zip   |

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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Council File No., Agenda Item, or Case No. DECORUM WILL BE ENFORCED.  Council File No., Agenda Item, or Case No. DECORUM WILL BE ENFORCED.  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 ( ) Against proposal ( ) Against proposal ( ) General comments  Business or Organization Affiliation:  Address:  Street  City  State  Phone #:  Client Address:  Street  City  State  Zip  Client Address: |  | Wag.   |   |                 |                              |
|---|--|--------|---|-----------------|------------------------------|
| 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 ( ) Against proposal ( ) Against proposal ( ) General comments  Business or Organization Affiliation:  Address:  Street  City  State  Zip  Business phone:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:   | Date   |        |   | Council File No | o., Agenda Item, or Case No. |
| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal ( ) Against proposal ( ) General comments  Business or Organization Affiliation:  Address:  Street  City  State  Zip  Business phone:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:  | I wish to speak befor  | e the  |   | Direks          |                              |
| Name:   | and the second s |        | Name of City Agency, Department, Committee or | Council         |                              |
| Business or Organization Affiliation:  Address:  Street  City  State  Zip  Business phone:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:   |  |        |   |                 |                              |
| Address:  Street  City  State  Zip  Business phone:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:  | Name:  |        |   |                 | _ ( ) General comments       |
| Business phone: Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:  Client Address:   | Business or Organization Affiliation:  |        |   |                 |                              |
| Business phone: Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:  Client Address:   | Address:   |        |   | 86 v            |                              |
| Business phone: Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:  Client Address:   | 7,001,000.   | Street | City  | State           | Zip                          |
| Client Name: Phone #:   |  |        | Representing:                                 |                 |                              |
| Client Address:   | CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:   |        |   |                 |                              |
|   | Client Name:   |        |   |                 | Phone #:                     |
|   | Client Address:  | Stroot | City  | Stato           | Zin                          |

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| Date 3/7/13   | Council File No. | ., Agenda Item, or Case No.  |  |  |
|---|------------------|--|--|--|
| I wish to speak before the  | Council          |  |  |  |
| Do you wish to provide general public comment, or to speak for or against a proposa | l on the agenda  | ? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |  |  |
| Business or Organization Affiliation:   |                  |  |  |  |
| Address: Hartsook St. Valley Village  | State            | 91607 1  |  |  |
| Business phone: 317-45-6530 Representing:   |                  |  |  |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:          |                  |  |  |  |
| Client Name:  | F                | Phone #:   |  |  |
| Client Address:Street City  | State            | Zip  |  |  |

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| Date   | THE CITY COUNCIL'              |                         | Council File | No., Agenda Item, of Case No.           |  |
|--|--------------------------------|-------------------------|--------------|---|--|
| I wish to speak before the   | Iden # (4                      |                         |              |   |  |
| Name of City Agency, Department, Committee or Council                      |                                |                         |              |   |  |
| Do you wish to provide general p   | public comment, or to speak fo | r or against a proposal | on the agend | da?()For proposal<br>()Against proposal |  |
| Name:  | en al                          |                         |              | ( ) General comments                    |  |
| Business or Organization Affiliation: King Kong Billboards                 |                                |                         |              |   |  |
| Address: Street  | werel Canyon                   | Spredio Clay            | C.A.         | Zin                                     |  |
| Business phone: 147-333-9094 Representing:                                 |                                |                         |              |   |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |                                |                         |              |   |  |
| Client Name:   |                                |                         |              | Phone #:                                |  |
| Client Address:  |                                |                         |              |   |  |
| Street   | Cit                            | у                       | State        | Zip                                     |  |

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