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

DATE 12/1	6/14 COUNCIL FILE NO.		AGENDA	
POSITION:		ose ect/Proposal	General or Public Comment	
	Support Appeal Opp	ose Appeal		
SPEAKER:				
Applicant	Property Owner(s) Association	Representati Check here if	ve you are a paid representative	
Appellant	Surrounding Organization Property Owners	n Other		
Name 40	pay Munor _a	<u>^</u>		
Representing	at to Wiabell	1 415ch	A	
Address	200 pca. Min	stre	8	
City	ontetello	Zip Code	90640	
Please see reve	erse of card for important information and	submit this entire card to	the presiding officer or chai	irperson.

PLANNING & LAND U	CITY OF LOS SE MANAGEM		TTEE SPEAKER CARD	/
	THE CITY COUNC DECORUM WILL			$\vee$
	DUNCIL E NO		AGENDA	
POSITION: Support Project/Proposal	Oppose Project/	Proposal	General or Public Comment	
SPEAKER:	Oppose	Appeal		
Applicant Property Owner(s)	Association	Represei Check hei	ntative re if you are a paid representative	
Appellant Surrounding Property Owners	Organization	Other		
Name Dennis Math	away			
Representing	5 From Br	librard -	Blight	
Address			/	1
City		Zip Code	e	
Please see reverse of card for important	information and subr DTE: THIS IS A PU			rperson.

was at a the set of the state of the state of the set of the state of

an other and the set

PL	ANNING & LAN	CITY OF LOS D USE MANAGEME		EE SPEAKER C	ARD
DATE 12-16	14	THE CITY COUNC DECORUM WILL E COUNCIL		AGENDA ITEM NO	4
POSITION:	Support Project/Propos	al Oppose Project/F		General or Public Comment	
SPEAKER:	Support Appea	I Oppose	Appeal		
Applicant	Property Owne	r(s) Association	Representat	ive you are a paid represen	tative
Appellant	Surrounding Property Owne	ors Organization	Other		
Name Ma	RK A	EUNSCAN AN FED	ANANKA	VALLE	Yeshard
Representing	AV3 VI	A. p. Ca	SHO	in Arich	1
City	9		_ Zip Code _	90000	
Please see reve	erse of card for impo	tant information and subm	nit this entire card to	the presiding officer of	or chairperson.

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. COUNCIL AGENDA
DATE 716 FILE NO ITEM NO
POSITION:     Support Project/Proposal     Oppose Project/Proposal     General or Public Comment       Support Appeal     Oppose Appeal
Applicant       Property Owner(s)       Association       Representative Check here if you are a paid representative         Appellant       Surrounding Property Owners       Organization       Other         Name       MMM       MMM
Representing ATTING DIAGETES ASSOCIATION

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON T REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFIC	IN ORDER TO	SPEAK,
Date Dec-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No. M
I wish to speak before the	Name of City Agency, Department, Committee or C	Council	
Do you wish to provide general p	ublic comment, or to speak for or against a proposa	I on the agen	da? <del>( )</del> For proposal ( ) Against proposal
Name: JOSC	HSUILAR		( ) General comments
Street	NINTER STLA	State	90033 Zip
Business phone:	Representing: MYSCLF		
	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip
	or important information and submit this entire card t		

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

DATE <u>12-16</u>	<u>-14</u> Fi	OUNCIL LE NO//-	1705	AGENDA ITEM NO	<u></u>
POSITION:	Support Project/Proposal	Oppose Project/F	Proposal	General or Public Comment	
SPEAKER:	Support Appeal	Oppose	Appeal		
Applicant	Property Owner(s)	Association		eentative here if you are a paid representative	
Appellant	Surrounding Property Owners	Organization	Other		
Name	nee Weitz	CR		0	
Representing	Pouril R	AU Tour	· dall	Songe	
Address					
City			_ Zip Co	ode	
Please see reve	rse of card for importan	t information and subn	nit this entire ca	ard to the presiding officer or chairpe	erson.

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

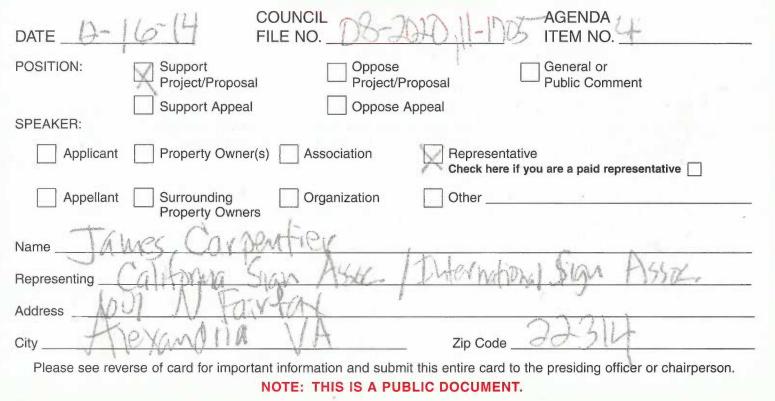
DATE		DUNCIL	1905	AGENDA // ITEM NO
POSITION:	Support Project/Proposal	Oppo Projec	se ct/Proposal	General or Public Comment
SPEAKER:	Support Appeal	Орро	se Appeal	
Applicant	Property Owner(s)	Association	Represen Check here	ntative e if you are a paid representative
Appellant	Surrounding Property Owners	Organization	Other	
Name	her Cassne			
Representing	Los Angeles	Hadbert	Club	
Address	ts Band	AJA		
City C as A	rellis :		Zip Code	96671
Please see reve	erse of card for important	information and su	bmit this entire card	to the presiding officer or chairperson.

YOU ARE N	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING C OT REQUIRED TO PROVIDE PERSONAL INFORMATI THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SI	PEAK,
Date 12.16.14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	PLU M Name of City Agency, Department, Committee c	or Council	
Name: JOAN	public pomment, or to speak for or against a propo		<ul> <li>( ) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Business or Organization Affilia			
Address: Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:		P	hone #:
Client Address:	City	State	Zip
	for important information and submit this entire car		

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

DATE 12/14		JNCIL NO	AGENDA ITEM NO. <u>4</u>
POSITION:	Support Project/Proposal	Oppose Project/Proposal	General or Public Comment
SPEAKER:	Support Appeal	Oppose Appeal	
Applicant	Property Owner(s)		esentative k here if you are a paid representative
Appellant	Surrounding Property Owners	Organization Othe	r
Name David	Goldberg		
Representing	cademy of Metra	A Ricture Antor Si	CNA
Address 11611	San Vicente B	Iva Sonte SOD	P
City_LA		Zip	Code _ 9 0049
Please see reve	erse of card for important in	formation and submit this entire	card to the presiding officer or chairperson.

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



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

DATE		UNCIL E NO		AGENDA ITEM NO.	
POSITION:	Support Project/Proposal	Oppose Project/F	Proposal	General or Public Comment	
SPEAKER:	Support Appeal	Oppose	Appeal		
Applica	nt Property Owner(s)	Association	Representa Check here i	tive f you are a paid representative	
Appella	nt Surrounding [ Property Owners	Organization	Other		-
Name	Phil Rech	1	Western and the second s		
Representing _	Summit N	odia .			
Address	3 TO S. Grand	Auro		¢.	
City	Los Ageles		Zip Code _	90071	
Please see r	everse of card for important in	nformation and subm	nit this entire card to	the presiding officer or chairperson.	

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

DATE 12/16/14 COUNCIL FILE NO.	AGENDA
POSITION: Support Oppose Project/Proposal	Proposal General or Public Comment
SPEAKER: Oppose	Appeal
Applicant Property Owner(s) Association	Check here if you are a paid representative
Appellant Surrounding Organization Property Owners	Other
Name James Johnson	
Representing <u>5910 72</u>	
Address 1545 Wilshie Bl	
City	Zip Code 40 a 7
Please see reverse of card for important information and subm	nit this entire card to the presiding officer or chairperson.

YOU ARE NO	IS A PUBLIC DOCUMENT SUB T REQUIRED TO PROVIDE PE HE EXTENT NECESSARY FOR	RSONAL INFORMATI	ON IN ORDER TO S	SPEAK,	
Date 12-16-14	THE CITY COUNCIL DECORUM WILL BE		Council File No 4	., Agenda Item, or	Case No.
I wish to speak before the	Name of City Agency, Depa	Lurtment, Committee of	or Council		
Do you wish to provide general p Name: Ron Mill	er			( ) Against r ( ) General	proposal comments
Business or Organization Affiliati Address: (626 Beve Street	on: LA/orange nly Blud	Counties LA	Building LA State	Trades ( 9002 ( Zip	ouncil
Business phone:					
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PRO	OVIDE CLIENT INF	ORMATION BEL	ow:	
Client Name:			F	Phone #:	
Client Address:		ity	State	Zip	
	or important information and s	-		2	person.

EXCEPT TO	NOT REQUIRED TO PROVIDE PERSONAL INFORMATION THE EXTENT NECESSARY FOR THE PRESIDING C		
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	PLUM CMTE Name of City Agency, Department, Committe	e or Council	
Name: Rabbl Albert	I public comment, or to speak for or against a pro http://www.against.a.pro pricilla Ch ation: Labor Federatin		( ) Amaimat myamaaal
Address: 2130 Jan	~ Mwood Blud CA	C PA State	9000 (j Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELO	<b>DW:</b>
Client Address:Street	City	State	Zip

YOU ARE NOT	A PUBLIC DOCUMENT SUBJECT TO POSTING O REQUIRED TO PROVIDE PERSONAL INFORMATI EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SP	EAK,
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before theI	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general pub Name: <u>Ed McKr</u>	plic comment, or to speak for or against a propo egan	_	<ul> <li>(X) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Business or Organization Affiliation			
Address: <u>5757</u> W	Century B/vd STE 605 City	- LA CA State	90045 Zip
Business phone:	Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:		Ph	one #:
Client Address:			
Street	City	State	Zip
Please see reverse of card for	important information and submit this entire car	d to the presiding of	ficer or chairperson.

YOU ARE NOT REQUI	LIC DOCUMENT SUBJECT TO POSTING RED TO PROVIDE PERSONAL INFORMA NT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO S	PEAK,
Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
12-16-14	DECORUM WILL BE ENFORCED.		4
I wish to speak before the	IM CMTE		
	of City Agency, Department, Committee	e or Council	
Do you wish to provide general public cor Name: <u>Saman tha Re</u>		posal on the agenda	<ul> <li>? (×) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Business or Organization Affiliation:			
Address: 350 5. Bixel	St LA	CA	90017
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT IN	NFORMATION BELC	ow:
Client Name:		P	Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card for importa	ant information and submit this entire c	ard to the presiding of	officer or chairperson.

YOU ARE NO	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING DT REQUIRED TO PROVIDE PERSONAL INFORMAT THE EXTENT NECESSARY FOR THE PRESIDING OF	ION IN ORDER TO SPEAK,	
Date 12-16-12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Iter	n, or Case No.
I wish to speak before the	PLUM CMTE Name of City Agency, Department, Committee	or Council	
	public comment, or to speak for or against a prop		proposal nst proposal eral comments
Business or Organization Affiliation Affiliation Address: 1055	-a Mirada Ave 2 City	-A GOD State	38
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
Please see reverse of card f	for important information and submit this entire ca	rd to the presiding officer or c	hairperson.

YOU ARE N	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING OT REQUIRED TO PROVIDE PERSONAL INFORM/ THE EXTENT NECESSARY FOR THE PRESIDING (	ATION IN ORDER TO SPEAK,	
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Ca	se No.
I wish to speak before the	Name of City Agency, Department, Committe	e or Council	
Do you wish to provide general Name: <u>Ed Wass</u>	public comment, or to speak for or against a pro $\mathcal{CM} \in \mathcal{M}$	( ) Against prop	posal
	tion: Daktronics Calabasas Rd Cal	abasos cA State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
Please see reverse of card	for important information and submit this entire of	card to the presiding officer or chairper	son

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING T REQUIRED TO PROVIDE PERSONAL INFORMA HE EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO SPI	EAK,
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general p	public comment, or to speak for or against a pro	posal on the agenda?	
Name: Doug Arser	reault		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliation	on: $VICA$		
Address: 5121 Van	Nuys Blud STS 208 City	Sherman Dak State	S CA 94013
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOV	v:
Client Name:		Pho	one #:
Client Address:Street	City	Otata	7:
		State	Zip
Please see reverse of card to	or important information and submit this entire or	ard to the presiding off	icer or chairperson.

Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
12-16-14	DECORUM WILL BE ENFORCED.	4	
I wish to speak before the	PLUM CONTE	1	
	Name of City Agency, Department, Committe	ee or Council	
Do you wish to provide general p	ublic comment, or to speak for or against a pr	roposal on the agenda?	· (χ) For proposal
Name: Yolie Aco	sta		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
	on: Lativo Diabetes	Associati.	η
Address: 200 W M	incs Ave Montes	bello CA State	90640 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	w:
		Pł	none #:
Client Name:			
Client Name: Client Address: Street			

YOU ARE N	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING O OT REQUIRED TO PROVIDE PERSONAL INFORMATI THE EXTENT NECESSARY FOR THE PRESIDING OFI	ON IN ORDER TO SP	EAK,
Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
12-16-14	DECORUM WILL BE ENFORCED.	4	
I wish to speak before the			
	Name of City Agency, Department, Committee	or Council	
	public comment, or to speak for or against a propo		<ul> <li>(X) For proposal</li> <li>() Against proposal</li> <li>() General comments</li> </ul>
	tion: IBELD		
Address: 297 No	Th Marenso Ave Pas	adana CA	4 9//01 Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INF		w:
Client Name:		Ph	one #:
Client Address:	City	State	Zip
	for important information and submit this entire cal		

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ( DT REQUIRED TO PROVIDE PERSONAL INFORMAT HE EXTENT NECESSARY FOR THE PRESIDING OF	ON IN ORDER TO SPEAK,
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. EPLUM CMTE	Council File No., Agenda Item, or Case No.
	Name of City Agency, Department, Committee	or Council
Name: George Y	on: <u>Chinatourn</u> Business In	<ul> <li>( ) Against proposal</li> <li>( ) General comment</li> </ul>
Address: 727 N B	roadway CA	
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
	or important information and submit this entire ca	

YOU ARE NOT	REQUIRED TO PR	MENT SUBJECT TO POS OVIDE PERSONAL INFO ARY FOR THE PRESIDI	<b>RMATION IN</b>	ORDER TO	SPEAK,
Date 12-16-14		COUNCIL'S RULES OF		Council File No	o., Agenda Item, or Case No.
I wish to speak before the		CMTE	nittee or Cou	incil	
Do you wish to provide general po Name: <u>Rachel Ho</u> Business or Organization Affiliatio	n: Busine	ess federa	tim		( `) Against proposal ( ) General comments
Address: 1000 N Alc Street	ameda S	+ 575240 City	LA	CA	90012 Zip
Business phone:	Represe	enting:			
CHECK HERE IF YOU ARE A				ATION BEL	ow:
Client Name:		****			Phone #:
Client Address:		City		Stata	Zin
Street Please see reverse of card fo	<u>r important informa</u>		tire card to th	State	Zip officer or chairperson.

YOU ARE NOT F	A PUBLIC DOCUMENT SUBJECT TO POS REQUIRED TO PROVIDE PERSONAL INFO EXTENT NECESSARY FOR THE PRESIDI	RMATION IN ORDER TO S	SPEAK,
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	1.7	., Agenda Item, or Case No.
I wish to speak before theN	Ame of City Agency, Department, Com	nittee or Council	
0	lic comment, or to speak for or against a $MG$		? (入) For proposal () Against proposal () General comments
Address: 10235 Bei	1/c grave Ave J city	Turupa Va State	lley CA
Business phone:	Representing:		
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIEN	T INFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City		Zin
Sireer	City	State	Zip
Please see reverse of card for in	mportant information and submit this en	tire card to the presiding	officer or chairperson.

YOU ARE NOT	IS A PUBLIC DOCUMENT SU FREQUIRED TO PROVIDE P IE EXTENT NECESSARY FOI	ERSONAL INFORMATION	IN ORDER TO SPI	EAK,
Date 12-16-14	THE CITY COUNCI DECORUM WILL B		Council File No., A	Igenda Item, or Case No.
I wish to speak before the	PLUM C Name of City Agency, Dep	MTE partment, Committee or	Council	
Do you wish to provide general po	ublic comment, or to speak	for or against a proposa	al on the agenda?	(又) For proposal
Name: Rabbi J	mathan Kl	PiN		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliatio	n: CLUF L	-A		
Address: 464 LUC	as Ave	LA CA	900/7 State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PF	OVIDE CLIENT INFOI	RMATION BELOW	v:
Client Name:			Pho	one #:
Client Address:		01	0	
Street Please see reverse of card fo		City submit this entire card t	State to the presiding off	Zip icer or chairperson.

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTI TREQUIRED TO PROVIDE PERSONAL INFORM HE EXTENT NECESSARY FOR THE PRESIDING	ATION IN ORDER TO SPEAK,	
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Ite	em, or Case No.
I wish to speak before the	PLUM CMTE Name of City Agency, Department, Commit	ee or Council	
Name: Predmont (	bublic comment, or to speak for or against a p	(*) Aga (*) Ge	proposal ainst proposal neral comments
	on: Ironworkers 43		
Address: 1/475 H	unley St E. City	State Zip	799
Business phone:	Representing:		7
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
Please see reverse of card f	or important information and submit this entire		chairperson

YOU ARE NOT	S A PUBLIC DOCUMENT SUBJECT TO POSTING OI REQUIRED TO PROVIDE PERSONAL INFORMATIC E EXTENT NECESSARY FOR THE PRESIDING OFFI	IN IN ORDER TO S	SPEAK,
Date 12-16-14	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	PUM CMTE Name of City Agency, Department, Committee of	r Council	
	ublic comment, or to speak for or against a propos me 2 a n: Zamara Bro Hers		? (X) 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 INFO	DRMATION BEL	ow:
Client Address:Street	City	State	Zip
Please see reverse of card for	r important information and submit this entire card	to the presiding	officer or chairperson.

YOU ARE NOT	IS A PUBLIC DOCUMENT SUBJECT TO POSTING I REQUIRED TO PROVIDE PERSONAL INFORMA IE EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO SP	EAK,
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	PLUM CMTE Name of City Agency, Department, Committee	or Council	
Do you wish to provide general po Name: <u>Alex Al</u>	ublic comment, or to speak for or against a prop $\mathcal{I}$	posal on the agenda?	<ul> <li>(✓) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Business or Organization Affiliation Address: 12126 Street	Δ	State	71604
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	W:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip
Please see reverse of card fc	r important information and submit this entire c	ard to the presiding of	ficer or chairperson.

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING TREQUIRED TO PROVIDE PERSONAL INFORMA HE EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO S	PEAK,
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No 4	., Agenda Item, or Case No.
I wish to speak before the	PLUM CMTE Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a pro	posal on the agenda	
Name: Richard I	) NK		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliati	on: Pink Hot Dogs		
	nstad Ave LA	C A State	90024 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zin
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire of	card to the presiding of	officer or chairperson.

YOU ARE NOT RE	PUBLIC DOCUMENT SUBJECT TO POSTING QUIRED TO PROVIDE PERSONAL INFORMA XTENT NECESSARY FOR THE PRESIDING O	ATION IN ORDER TO SPE	AK,
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	genda Item, or Case No.
I wish to speak before the Na	me of City Agency, Department, Committe	e or Council	
Name: <u>La Monence</u> St Business or Organization Affiliation:	comment, or to speak for or against a pro- -0 Kes fer Ave LA	((	<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAR	ID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW	
Client Name:		Pho	ne #:
Client Address:	City	State	Zip
	portant information and submit this entire of		



	CITY OF LOS ANGELES SPEAKER	CARD	N
YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON TREQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFI	N IN ORDER TO SPE	
Date 12-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	agenda Item, or Case No.
I wish to speak before the	PLUM CMTE Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p Name: <u>Leon</u> Val	public comment, or to speak for or against a proposition $\mathcal{N}$		(∠) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliati	on:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW	V:
Client Name:		Pho	one #:
Client Address:Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card	I to the presiding off	icer or chairperson.

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

DATE 12/11		FILE NO. 14- (	0239	AGENDA // ITEM NO.	
POSITION:	Support Project/Proposal	Oppose Project/	Proposal	General or Public Comment	
SPEAKER:	Support Appeal	Oppose	Appeal		
Applicant	Property Owner(s	s) Association	Represe Check he	entative ere if you are a paid representative ⁄	
Appellant	Surrounding Property Owners	Organization	Other _		
Name Cind	y Starret	ł			
Representing(	Clear Chan	nel Outd	001		
Address 35	5 S. Gran	d Ave	78		
CityLA	CIA 90	1 700	_ Zip Coc	le	

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.

YOU ARE NO	OT REQUIRED TO PRO	INT SUBJECT TO POSTING VIDE PERSONAL INFORMAT RY FOR THE PRESIDING OF	ION IN ORDER TO S	SPEAK,
Date 12-16-14		OUNCIL'S RULES OF VILL BE ENFORCED.	Council File No. 4	o., Agenda Item, or Case No.
I wish to speak before the	PLUM Name of City Agend	CMTE cy, Department, Committee	or Council	
Do you wish to provide general				? (A) For proposal
Name: <u>Stacy</u> N Business or Organization Affiliat	liller			<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliat	ion: LA Adv	ertising Coali	tion	
Address: <u>173</u> W	orkman	CA	C A State	90031 Zip
Business phone:				
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT INI	FORMATION BEL	ow:
Client Name:			F	Phone #:
Client Address:Street		City	State	Zip
Please see reverse of card	for important information	on and submit this entire ca	rd to the presiding	officer or chairperson.

Date	THE CITY COUNCIL'S DUI ES OF	Council File No., Agenda Item, o	r Case No
17-16-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	4	, ouse no.
wish to speak before the	PLUM CMTE		
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	ublic comment, or to speak for or against a prop	osal on the agenda? ( 🛛 For prop	osal
		( ) Against	proposal
Name: Kim Goldn	nan	( ) General	comment
Business or Organization Affiliatio			
Submoss of Organization rainfatto	//I		
		nita CA 913	55
Address: <u>24000</u> ( Street	Treekside Dr Santa Cla		55
Address: 24000 (			55
Address: <u>24000</u> Street Business phone:	Treekside Dr Santa Cla		55
Address: <u>24000</u> ( Street Business phone: CHECK HERE IF YOU ARE A	Representing:	FORMATION BELOW:	55
Address: <u>24000</u> ( Street Business phone: CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELOW:	355

Date	THE CITY COUNCIL'S RULES OF	Council File No	, Agenda Item, or Case No.
12-16-14	DECORUM WILL BE ENFORCED.	4	
I wish to speak before the	DLYM Cmte		
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general pu	blic comment, or to speak for or against a propos	al on the agenda	? (X) For proposal
Name: Frank Lim	Q		<ul><li>( ) Against proposal</li><li>( ) General comment</li></ul>
Business or Organization Affiliatior	: UFLAC		
1571 B.	erly Blud STEZO LA	cA	90026
Address: / / // EPV			
	,	State	Zip
	City Representing:UFLAC	State	Zip
Business phone:	,		
Business phone:	Representing: UFLAC	RMATION BELC	
Business phone:	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:

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

DATE 12/1	1 1 1	DUNCIL _E NO		AGENDA ITEM NO	
POSITION:	Support Project/Proposal	Oppose Project/F	Proposal	General or Public Comment	
SPEAKER:	Support Appeal	Oppose	Appeal		
Applicant	Property Owner(s)	Association		eentative nere if you are a paid representative	
Appellant	Surrounding Property Owners	Organization	Other		
Name	chara P	roide			19
Representing					
Address				*	
City			_ Zip Co	ode	
Please see reve		information and subn DTE: THIS IS A PU		ard to the presiding officer or chairperson. IENT.	•