France 1 11 11 11	CITY OF LOS ANGELES SPEAKE	R CARD
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	HALD Name of City Agency, Department, Committee	CF 12-0049
Do you wish to provide general Name: <u>Robin Hua</u>	public comment, or to speak for or against a properties $MeS$	osal on the agenda?()For proposal () Against proposal (》 General comments
Business or Organization Affilia Address:	ntion: <u>Above Communities</u> 3 <sup>ed</sup> <u>Givent US</u> <u>Angeles</u> City <u>City</u>	State 10013
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	
Client Name: Client Address: Street	City	Phone #: State Zip
	for important information and submit this entire can NOTE: THIS IS A PUBLIC DOCUME	rd to the presiding officer or chairperson.

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	CITY OF LOS AND	GELES SPEA	KER CARD	
Date Jam. 11,2012	THE CITY COUNC DECORUM WILL		1	Agenda Item, or Case No.
l wish to speak before the	HCED Name of City Agency, Do	epartment, Commit	tee or Council	
Do you wish to provide genera	MORARISON			<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affili	ation: Hollywood	Prop Ow	new Adhance	
Address: 1630 Via				
Street Business phone: 323-4(	3 6767 Representing:	City BID	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATION BELO	w:
Client Name:			PI	none #:
Client Address:		City	State	Zip

Date 1- 11- 12-	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. # C CF (2-00Y
I wish to speak before the	HCED Name of City Agency, Department, Committee of	r Council
Do you wish to provide general pu	blic comment, or to speak for or against a propo	
Name:	ron Gubler	( ) Against proposal ( ) General comments
	n: Hollywood Chamber	
	to llywood Blud, Holl City	
	BIL Representing: 10114 wood	
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 car	
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	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. HGED $\#$ ()
I wish to speak before the	Name of City Agency, Department, Committee	C F or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	
Name: Derbala	Schull7	( ) Against proposal
the second se	ion: Legal And Foundal	- al / A
Address: 1550 Street	W. FA.	CA 900/7
Street Business phone: <u>213-6/10-</u>	City 2173 Representing: Wiggins	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:

Date / /0 / / 7	THE CITY COUNCIL'S RULES OF DECORUM WILL, BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	HED Committee or C	
	public comment, or to speak for or against a proposal	
Name: Madeline	Janis	<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliati	ion: CRA Board a)	Commissioners
Address: (Persance) 40	64 Lucas Ave #202, 1	A 90017
Business phone:	City 7-940 Representing:	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:		Phone #:

Date /////2	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	CF 12 - 6049 or Council
Do you wish to provide general p	ublic comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal
	French	( ) Against proposal
Business or Organization Affiliation	on:	
Address: 350 S	ERA PVR	
Business phone: 215 891	-5469 Representing: Se(K/(	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Stiedt	Oity	State Zip
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	NOTE: THIS IS A PUBLIC DOCUMEN	JT.

Date	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 12-0049 or Council
	public comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal
Name: TTM McG Business or Organization Affiliat	sker	( ) Against proposal ()) General comments
Business or Organization Affiliati	ion: <u>CC</u>	and the second se
Address: 350 S		CA 5007)
Business phone: 213 22	9-510 Representing: Sel C	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 SAN. 11/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	No.
I wish to speak before the	HCED Name of City Agency, Department, Committee	or Council	9
Do you wish to provide general p	public comment, or to speak for or against a propo		
Name: JOHN W	HITPHER	( ) Against propo ( ) General comm	
Business or Organization Affiliati	on: DLA PIPISOC		
Address: 550 S. A	OPE ST. , LOS ANGBLES	CR 90070 State Zip	
Business phone: 213-330	- 77-11 Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:	City	State Zip	
	or important information and submit this entire ca	rd to the presiding officer or chairperso	<u>)n.</u>

Date 1/1/12	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 Council
Do you wish to provide general	public comment, or to speak for or against a prop	
Name: STLVC	KOFE 107.	( ∖) Against proposal ( ) General comments
Business or Organization Affiliat	tion: AFSCHE DEANS	Lowell 36
	S. shallo 11 LA City	
	City	
Business phone: difference		
	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
		Phone #:
CHECK HERE IF YOU ARE A		

Date (////12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 12-0099 年6
I wish to speak before the	COMMITTEE Name of City Agency, Department, Committee	ee or Council
Do you wish to provide general p	public comment, or to speak for or against a pro	
Name: GARY	RUGGELL	<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliati	on: WC/K CAC	
	SHIRE L.A.	es 10010
Street Business phone: <u>199</u> 98	City	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip
Please see reverse of card for	or important information and submit this entire NOTE: THIS IS A PUBLIC DOCUM	

	OITY OF LOC	ANOELEO ODE		L. M. I. M.
	CITY OF LUS	ANGELES SPE	AKER CARD	
Date  -   - 20/2-		OUNCIL'S RULES OF VILL BE ENFORCED.		Agenda Item, or Case No. 49 #b
wish to speak before the	HCED Name of City Agend	cy, Department, Comm	nittee or Council	
Do you wish to provide genera Name: <u>USA Parg</u> Business or Organization Affili				<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affili	ation: <u> </u>	JPH		
Address:				
Street		City	State	Zip
Business phone:	Represen	nting:		
CHECK HERE IF YOU ARE				W:
		1		2.4
Client Address: Street		City	State	Zip
Sileet		Ony	Jiale	zih
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Date 11/1-2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	H.C.E.D. Committee	Q pr Council
Do you wish to provide general	public comment, or to speak for or against a propo	
Name:WILLann	Delvac	(><). Against proposal (* ) General comments
Business or Organization Affilia	ation: Armbrustor Goldsmith De	Olvac LLP
Address:	San Vicente Blvd #900	LACA 92049 State Zip
Business phone: 310 25	4-905 (Representing: Lanler	shymbolts
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:	andler Partnerr	Phone #\$18 845 864
Client Address:		
Street	City	State Zip
Please see reverse of card	for important information and submit this entire car	d to the presiding officer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUME	NT.

Date 1/11/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. #6 CF12-00
I wish to speak before the	HCED Name of City Agency, Department, Committee	or Council
Do you wish to provide general	public comment, or to speak for or against a prop	
Name: OSCAN N	ovelo	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion: CRAMA Vice Preside	ut í
Address: <u>476 Shady</u>		CA 92.821 State Zip
Business phone: 818/62.3-	1070 Representing: CRAMA	
	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card	or important information and submit this entire ca	rd to the presiding officer or chairperson.

tern ern	CITY OF LOS ANGELES	SPEAKER CARD	
Date	THE CITY COUNCIL'S RU DECORUM WILL BE ENF	JLES OF	I File No., Agenda Item, or Case No. $6 \qquad 12 - 0049$ G
I wish to speak before the	CRA-LA Name of City Agency, Departmen	nt, Committee or Council	
Name: Vose 1	al public comment, or to speak for or a		agenda? (X) For proposal () Against proposal () General comments
Business or Organization Affi Address: <u>/32/2</u> Street	liation: $\frac{CGR-C}{STR_{S}Representing:}$	AUE 1/0 411.0 Stat	<u>4 C.12 90292</u> e Zip
Business phone: 213-27	<u>6- <i>§</i>/⊂ 3</u> Representing:	niphile :	
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION	BELOW:
Client Name:		1	Phone #:
Client Address:Street	City	Stat	ze Zip

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

Date    1  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	HCED Committee	or Council
Do you wish to provide genera	al public comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal
Name:	Shiraz Tangri	( ) Against proposal General comments
Business or Organization Affil	iation: Abtra + Brad	
Address:Street	iation: <u>Abtra + Bird</u> 33 Stope Street LA CA City	96071 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of car	d for important information and submit this entire car	d to the presiding officer or chairperson.
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