<u></u>				
Date # 18-12	THE CITY COUNC		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	HCCD Name of City Agency, De	epartment, Committe	e or Council	
Do you wish to provide general pu	blic comment, or to speal	k for or against a pro	posal on the agenda?	
Name: STEVE	KOFFROTH			Against proposal General comments
Business or Organization Affiliation	A C	6		
Address: 514 Street	HATTO DL	Cify A	CA State	70020
Business phone:				— · F
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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	THE CITY COUNC	L'S RULES OF		Agenda Item, or Case No.
4-18-2012	DECORUM WILL B	E ENFORCED.	12-00	49
I wish to speak before the He	USING COMMUNI	Hy & Economic		45
	Name of City Agency, Dep	Dartineiti, Committee or C	Outicii	
Do you wish to provide general				
Name: STAN LEY L	eftow, Te			(>>) General comments
Business or Organization Affiliat	ion: CRA/LA			
Address: 1200 west	74 SV7 La	23 Angeles	CA State	90017
Address: 1200 west Street Business phone: 26-977-	/850 Representing:_	CRA/LA	State	Ζίμ
CHECK HERE IF YOU ARE		•	MATION BELO	w:
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.

Date 4/18/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	genda Item, or Case No.
I wish to speak before theNa	me of City Agency, Department, Committee	or Council	a HCED
Do you wish to provide general public	comment, or to speak for or against a propo	osal on the agenda?	
Name:	Eisenstein		Against proposal () General comments
Business or Organization Affiliation:			
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAI	ID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	/:
Client Name:		Pho	one #:
Client Address:	City	State	Zin

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

#5

Date 4-18-12	THE CITY COU DECORUM WIL			Council File N	o., Agenda Item, or Case No.
I wish to speak before the	MOUS [N				F
	Name of City Agency,	Department, (Committee or (Council	
Do you wish to provide general p	public comment, or to spe	eak for or aga	inst a proposa	I on the agenda	a? () For proposal
Name: 18124	H060	:- p			() Against proposal () General comments
Business or Organization Affiliation	on: FACK	1100	STAG	QUAR	ton
Address: 15 Street	123	CA	CA	9	±946
Street		City		State	Zip
Business phone:	Representing	a:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:					Phone #:
Client Address:		City		State	
Sueet		Uπ		Siale	Zip

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

Date 4/18/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	
Do you wish to provide general p	public comment, or to speak for or against a pr	
Business or Organization Affiliati	on: FAIR HOUSING	COALITION
Address:Street	AL.	O. A.
	City Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION 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 [18 / 12 -	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
wish to speak before the HOUSING COSCITTED Name of City Agency, Department, Committee or Council				
Do you wis h to pro yide general public c	omment, or to speak for or against a pro			
	DRRWISH		ts	
Business or Organization Affiliation:	FAIR HOUSING	COALITION		
Address:				
Address:Street	City	State Zip		
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: Phone #:				
Client Address:				
Street	City	State Zip		

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Date 4/18/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	HousiNG OHICTTES Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a prop	osal on the agenda?	
Name: MONIC	A HOJAZ/		() Against proposal () General comments
Business or Organization Affiliat	ion: FAIR HOUSING	COALITIO	
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Pt	none #:
Client Address:	City	State	****
Street	City	State	Zip

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Date 4/18/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	HOME of City Agency Department Committee	#5	
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			
	<u>own-Price</u> ion: <u>CRA/LA AFSCUEL</u>	Cal585	
Address: 1200 l/J.	714 SV., Ste 506 LA	CA GOST State Zip	
Business phone: (2/3)9117-26/8/ Representing: Employees of CRA/LA 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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