Date 4/10/12	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 o	/J-	0422
Do you wish to provide general Name: MICHIGE	public comment, or to speak for or against a propos	sal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliat	tion:		
Address:Street	City	State	Zip
	Representing:		Ζ.Ιρ
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION 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 # 1/10 / 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	e) of City Agency, Department, Committee or	r Council
Do you wish to provide general public of	omment, or to speak for or against a propos	
Name: CAROL SCHA	P	() Against proposal () General comments
Business or Organization Affiliation:	DCD-LO	
Address: De Wilst	me LA CI	A 90017
Business phone 213 62413	City Representing:	State Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zin

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

Date 04-10-12	THE CITY COUNC DECORUM WILL E		Council File No.,	Agenda Item, or Case No.
wish to speak before the	LACC Name of City Agency, De	partment, Committ	ee or Council	
Do you wish to provide general	public comment, or to speak	for or against a pr	oposal on the agenda?	
Name: HRME	NAK NOURIDI	ANIAN		Against proposal General comments
Business or Organization Affiliat	No. X	PATIC ,	Darty_	
Address: 2950 V	-	LACE	LA CA	90007
Business phone: 323-446	-1600 Representing:	SELF	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATION BELOV	W:
Client Name:			P	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 /// / / / 2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	e No.
I wish to speak before the	It Decentif		
	Name of City Agency, Department, Committee	or Council	
	public comment, or to speak for or against a propo	() Against prop	osal
Name:	Samus	() General com	ments
Business or Organization Affiliat	ion: Testan Passer	Duelagno	
Address: 333 South		PH 90017	
Business phone: (313) 687-7	/ / City	State Zip	····
CHECK HERE IF YOU ARE	A 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.

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Date # -/0/7	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Conncil File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committe	ee or Council
Name:	al public comment, or to speak for or against a pro	oposal on the agenda? () For proposal () Against proposal () General comments
Address:		
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
4-10-12	DECORUM WILL BE ENFORCED.	2
I wish to speak before the		***************************************
	Name of City Agency, Department, Commi	Ittee or Council
Do you wish to provide genera	al public comment, or to speak for or against a	proposal on the agenda? () For proposal
Name: Arm	~ ~	() Against proposal
Business or Organization Affili	ation:	
Address:	City	
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT	I INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zin

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Date 4 10 12	THE CITY COUNCI			Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Dep		or Council		
Do you wish to provide general	public comment, or to speak	for or against a prop	oosal on the agenda	a? (×) For proposal () Against proposal	
Name: Sac	ali Danpour			() General comments	
Business or Organization Affilia	tion: Xyves+ 1	toldings In	<.		
Address: 61(Wilshire Blue	Q. #810 1	-os Angeler	CA 90017	
Business or Organization Affilia Address: 61(Street Business phone: 2(3-622-	フリタタ メンの 6 フリタタ Representing: _	city Xyvest Ito	State Idius (ua	Zip	
CHECK HERE IF YOU ARE			-		
Client Name:				Phone #:	
Client Address:Street		City	State	7in	

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Date (0 Apy 12	THE CITY COUNC DECORUM WILL E		Council File No., 2	Agenda Item, or Case No.
I wish to speak before the	DCBID			
D	Name of City Agency, Dep			/
Do you wish to provide general p	•	for or against a proposa	al on the agenda?	() Against proposal
Name: JOSEPH F				() General comments
Business or Organization Affiliati				حم
Address: Street	11 Flower 1	_A	State	90071
Business phone: 2/3-673		, , , , , , , , , , , , , , , , , , ,	State	2.ip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PE	ROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:			Ph	one #:
Client Address:		City	State	Zip