| Name: Mariam Fogler     Against prop     Business or Organization Affiliation:     Address:     Address:     Street     City     State     Zip     Business phone:     Representing:     CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:     Client Name:        Client Address:     Client Address:  |  | CITY OF LOS ANGELES SPEAKER CAR                                     | D Vai                         | า Nuys |
|--|--|---|-------------------------------|--------|
| 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? Name: Mariam Fogler  | 4  | Council File 1  | lo., Agenda Item, or Case No. |        |
| 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? Name: <u>Mariam Fogler</u> Business or Organization Affiliation: Address: Street City State Zip Business phone:Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name:Phone No.: Client Address: | I wish to speak before the   | Council   |                               |        |
| Do you wish to provide general public comment, or to speak for or against a proposal on the ageneral comment.       Against proposal on the ageneral comment of against a proposal on the ageneral comment.         Business or Organization Affiliation:  |  |   | Council                       |        |
| Address:       Street       City       State       Zip         Business phone:       Representing:   |  |   | the agenda? () For pr         |        |
| Address:   |  |   |                               |        |
| Street     City     State     Zip       Business phone:  |  |   |                               |        |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:   | Business or Organization Affiliatio  |   |                               |        |
| Client Name:Phone No.:   | Business or Organization Affiliation   |   | ( ) Gener                     |        |
| Client Name:Phone No.:   | Business or Organization Affiliation Address:  | ר:<br>City  | ( ) Gener<br>State Zip        |        |
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| Street City State Zip  | Business or Organization Affiliation Address: Business phone: CHECK HERE IF YOU ARE A PA | City<br>Representing:<br>CIT SPEAKER AND PROVIDE CLIENT INFORMATION | State Zip                     |        |

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## CITY OF LOS ANGELES SPEAKER CARD

#### NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

| Date                               | THE CITY COUNCIL'S RULES OF                          | Council File No.   | , Agenda Item, or Case No.           |   |
|------------------------------------|--|--------------------|--------------------------------------|---|
| 5-29-12                            | DECORUM WILL BE ENFORCED.                            |                    |                                      |   |
| I wish to speak before the         | Corner   | L                  |                                      |   |
| •                                  | Name of City Agency, Department, Committee of        | r Council          |                                      |   |
|                                    | public comment, or to speak for or against a propos  |                    | <ul> <li>Against proposal</li> </ul> | 5 |
| Name:                              |  |                    |                                      |   |
| Business or Organization Affiliati | ion:   |                    |                                      |   |
| Address:Street                     | Lennox   |                    |                                      |   |
| Street                             | City   | State              | Zip                                  |   |
| Business phone:                    | Representing:  |                    |                                      |   |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER AND PROVIDE CLIENT INFO               | RMATION BELC       | <b>w</b> :                           |   |
| Client Name:                       |  | P                  | hone #:                              |   |
| Client Address:                    |  |                    |                                      |   |
| Street                             | City   | State              | Zip                                  |   |
| Please see reverse of card f       | or important information and submit this entire card | to the presiding ( | officer or chairperson.              |   |

## CITY OF LOS ANGELES SPEAKER CARD

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|---|---|---|---|---|----|---|
| - | - |   |   |   | *  |   |

| Date/Time Submitted<br>05/29/2012 10:01 AM |   | Cot                   | Council File No., Agenda Item, or Case No.<br><b>8</b>  |   |  |
|--|---|-----------------------|---|---|--|
| I wish to speak before the                 |   | Council               | angang ng gang ng Marini I dan kang ng pagsan ng gang ng kang ng pag-   |   |  |
| •  | Name of City Ag                                 | ency, Department, Com | mittee or Council   |   |  |
|  | public comment, or to speak for<br>Donna Pearma |                       | osal on the agenda? (<br>(  | ) For proposal<br>) Against proposal<br>) General comment |  |
|  | ion:  |                       | and a state of the second state |   |  |
| Address:                                   | · ·   |                       |   |   |  |
| Address:Street                             |   | City                  | State   | Zip   |  |
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| CHECK HERE IF YOU ARE A P                  | AID SPEAKER AND PROVIDE                         | CLIENT INFORM         | ATION BELOW:  |   |  |
| Client Name:                               | <u></u>   | Ph                    | one No.:  |   |  |
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| Stre                                       | er  | City                  | State   | Zip   |  |
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## **ULLY OF LOS ANGELES SPEAKER CARD**

| Date/Time Submitted 05/29/2012 10:02 AM     | Council File No., Agenda Item,<br><b>8</b>   |                     |               | , or Case No.  |  |
|---|--|---------------------|---------------|--|--|
| I wish to speak before the                  | c  | ouncil              |               |  |  |
|   | Name of City Agency, De  | partment, Committee | or Council    |  |  |
| Do you wish to provide general pub<br>Name: | lic comment, or to speak for or agai<br>Sharon Brewer  | inst a proposal o   | n the agenda? | ( ) For proposal<br>( ) Against proposal<br>( ) General comment  |  |
| Business or Organization Affiliation        |  |                     |               |  |  |
| Address:                                    |  |                     |               |  |  |
| Street                                      | City   |                     | State         | Zip  |  |
| Business phone:                             | Representing:  |                     |               | a Marine Sector and the sector of the sector |  |
| -<br>                                       |  |                     |               |  |  |
| CHECK HERE IF YOU ARE A PAIL                | SPEAKER AND PROVIDE CLIEN  | T INFORMATIO        | N BELOW:      |  |  |
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| Client Address:                             | and a state of the | City                | State         | Zip  |  |

# Van Nuys

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