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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 2 - 10 - 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 14pts	. Parks, Health, Aging and River ame of City Agency, Department, Committee or	Committee Council		
Do you wish to provide general publ	ic comment, or to speak for or against a propos	Section 1		
Name: AL MOGGIA	7	() Against proposal () General comments		
	Sierra Club, Section			
Address: 1812 W. 5,14	erLake Drive; LA CI	4 90026 State 7in		
	Representing: <u>Sterra Club</u>			
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:		
Client Name:		Phone #:		
Client Address:Street	City	State Zip		
Please see reverse of card for in	mportant information and submit this entire card	to the presiding officer or chairperson.		
NOTE: THIS IS YOU ARE NOT F	ITY OF LOS ANGELES SPEAKER A PUBLIC DOCUMENT SUBJECT TO POSTING OF REQUIRED TO PROVIDE PERSONAL INFORMATIC EXTENT NECESSARY FOR THE PRESIDING OFFI	N THE CITY'S WEBSITE. ON IN ORDER TO SPEAK,		
Date 2-/6-/9	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	r Council		
	olic comment, or to speak for or against a propos	,		
Business or Organization Affiliation:	BENCH YOUR CAN YOU	J NIA		
Address: 3/50 DU/	CALD DO City	State Zip		
Business phone:	Representing:	State Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:	City	State Zip		
Sieei	Oity	이다. 다 스타		

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THE CITY COUNCIL DECORUM WILL BE I wish to speak before the Name of City Agency, Depart	ENFORCED.	Council File No., Agenda Item, or Gase No.			
Do you wish to provide general public comment, or to speak for Name: Name:	or or against a proposal on Grand Carlos	the agenda? () For proposal () Against proposal () General comments			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PRO	OVIDE CLIENT INFORMA	ATION BELOW:			
Client Name:		Phone #:			
Client Address:	Sity	State Zip			
Please see reverse of card for important information and	submit this entire card to th	ne presiding officer or chairperson.			
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 2-/0-14 THE CITY COUNCIL DECORUM WILL B	E ENFORÇED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the ARTS, ARKS, HEALTH, AgING G RIVER COMMITTEE 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? (i) Against proposal (iii) Against proposal (iiii) General comments Business or Organization Affiliation: FRIENDS 07 GRI77/M Rek					
Address: 1400 Clevelans ROAD, Gleudale, CA 91202					
Business phone: 818-247-7710 Representing: MYSELF					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:					
		Phone #:			

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Date 02/10/2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theA	PHAR Committee Meeting lame of City Agency, Department, Committee of	Council
Do you wish to provide general pub Name: <u>こん</u> はみ K	lic comment, or to speak for or against a proposa	al on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation:	SHPOA, ETI-COURD 200 SE FARM DWNER, SHADOW H.	sordinator GAITED HORSE
Business phone: 8/8 28/ 18	ud Avenue, SOUNLAND, Ca. 59 Representing: Self	State Zip
CHECK MEDE IE AUII ADE A D	AID SPEAKER AND PROVIDE CLIENT INFO	DMATION RELOW!
Check here if 100 are a P.	AID SPEAKER AND PROVIDE CLIENT INFO	AWATION BELOW.
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card for it	mportant information and submit this entire card	to the presiding officer or chairnerson
YOU ARE NOT	A PUBLIC DOCUMENT SUBJECT TO POSTING ON REQUIRED TO PROVIDE PERSONAL INFORMATIO EXTENT NECESSARY FOR THE PRESIDING OFFI	N IN ORDER TO SPEAK,
Date 2 - 10 - 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	APHAR Committee or Name of City Agency, Department, Committee or	
Do you wish to provide general put	olic comment, or to speak for or against a propos	al on the agenda? (L) For proposal () Against proposal
Name:	tm Sabo	() General comments
Business or Organization Affiliation		
Address: Po 6	Box 337 Sunfan	d CA 9/04/ State Zip
Business phone:	Representing: <i>Self</i>	[]
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
Feb 10 2014	DECORUM WILL BE ENFORCED.	1/2-0899-51		
I wish to speak before the	its Park Health Aging			
·	Name of City Agency, Department, Committee of	or Council		
Do you wish to provide general Name: Debra G	public comment, or to speak for or against a propo	sal on the agenda? (For proposal () Against proposal () General comments		
Business or Organization Affiliati	ion: Encino			
	HAVE Encino	CA 913/6		
Street	1813_ Representing: Sepulveda	Basin Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:				
Street	City	State Zip		