NOTE: THIS YOU ARE NO EXCEPT TO TH	IS A PUBLIC DOCUMENT SUBJECT TO T REQUIRED TO PROVIDE PERSONAL I IE EXTENT NECESSARY FOR THE PRES	Posting on the C NFORMATION IN OI SIDING OFFICER TO	CITY'S WEBSITE. RDER TO SPEAK, D CALL UPON YOU
Date 8/6/13	THE CITY COUNCIL'S RULES	SOF Co	puncil File No., Agenda Item, or Case No. 23 - (losed edgen
I wish to speak before the	Name of City Agency, Department, C	ommittee or Counc	
Do you wish to provide general p	ublic comment, or to speak for or again	nst a proposal on th	he agenda?()For proposal ()Against proposal
Name:	Redit		General comments
Business or Organization Affiliation	on: Mayer Brown C	LP	·
Address: 350 Street	S. Grand Ave	LA CA	90071 State Zip
Business phone: $2(3-229)$	-9572 Representing:	nmit Me	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CI		
Client Name: 4 m	mit Media		Phone #:
Client Address:Street	City	Angeles	State Zip

NOTE: THIS YOU ARE NO EXCEPT TO TI	T REQUIRED TO PROVID	E PERSONAL INFOR	ING ON THE CITY'S WEBSI MATION IN ORDER TO SPE G OFFICER TO CALL UPON	EAK,
Date <u>4</u> -6-13 I wish to speak before the		NCIL'S RULES OF L BE ENFORCED.	23	genda Item, or Case No.
	Name of City Agency, I	Department, Commi	ttee or Council	
Do you wish to provide general p Name:	A(ca)	(d O.F.A.C		() For proposal () Against proposal () General comments
Address:Street		City	State	Zip
Business phone:	Representing	j:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BELOW	/:
Client Name:			Pho	one #:
Client Address:Street		City	State	Zip

YOU ARE NO	IS A PUBLIC DOCUMENT S T REQUIRED TO PROVIDE I HE EXTENT NECESSARY FO	PERSONAL INFORMATION	IN ORDER TO SPE/	λK,
Aujuct 6 2013	THE CITY COUNC DECORUM WILL		Council File No., Age	enda Item, or Case No.
I wish to speak before the	Council			
	Name of City Agency, De	epartment, Committee or	Council	
Do you wish to provide general p Name: Pan Miller			I on the agenda? () For proposal
Business or Organization Affiliati	on: Buiding	TRAdes Le	SUNIN	
Business or Organization Affiliati Address: 1626 Bus Street	uch Blud	Los Angeles	LA	
			State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:			Phon	ne #:
Client Address:				
Street		City	State	Zip

NOTE: THIS IS A PU YOU ARE NOT REQU EXCEPT TO THE EXT	JBLIC DOCUMENT SUBJECT TO POSTIN JIRED TO PROVIDE PERSONAL INFORM. ENT NECESSARY FOR THE PRESIDING (ATION IN ORDER TO SPEAK,			
Date 8 6 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item or Case No. HZ3			
I wish to speak before the					
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () General comments					
Business or Organization Affiliation:	AAVER Brown L	UP			
Address: 350 S. 67	ond Ave LA	CA 90071			
Business phone: 279-510	2 Representing:	MA NOOLA			
	SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:			
Client Name: Symmetry	Medix	Phone #:			
Client Address:Street	Los Angeles	State Zip			

YOU ARE NO	S IS A PUBLIC DOCUL OT REQUIRED TO PR THE EXTENT NECESS	OVIDE PERSONAL	_ INFORMATION	IN ORDER TO	O SPEAK,	
Date 8/6/13		COUNCIL'S RUL I WILL BE ENFO			No., Agenda Item, or Case (USLA SC 55)	
wish to speak before the	Name of City Age	mnel	Menberg	5		
Do you wish to provide general Name: Business or Organization Affiliat	public comment, or t	to speak for or ag	ainst a proposal	on the agen	da?()For proposal (❤)Against propos ()General comm	
Address: <u>297 N. W</u> Street	na resgò	Ave. Pe City	nskdera,	<u>Ca</u> . State	9110] Zip	
Business phone:	Repres	enting:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:					Phone #:	
Client Address: Street		City		State	Zip	

NOTE: THIS YOU ARE NO EXCEPT TO T	IS A PUBLIC DOCUMENT S OT REQUIRED TO PROVIDE HE EXTENT NECESSARY FO		IATION IN OF	RDER TO S	PEAK,
Date 8/6/(3	THE CITY COUNC DECORUM WILL		42	uncil File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, De	partment, Committe	ee or Counc		
Do you wish to provide general p Name: <u>An</u> Business or Organization Affiliati	bublic comment, or to speak $\frac{1}{100}$	•			?()For proposal ()Against proposal ()General comments
Address:	BENEFIT AVE	Starm An		CA State	91423 Zip
Business phone:	Representing:	Ħ			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATI	ION BELC	ow:
Client Name:				P	hone #:
Client Address:Street		City		State	Zip

YOU ARE NOT REQU	IBLIC DOCUMENT SUBJECT TO POSTING ON JIRED TO PROVIDE PERSONAL INFORMATION ENT NECESSARY FOR THE PRESIDING OFFIC	I IN ORDER TO	SPEAK,
Date 8/6/3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N H23	No., Agenda Item, or Case No.
I wish to speak before theA	City Orned		
Name	e of City Agency, Department, Committee or (Council	
Do you wish to provide general public of Name:	omment, or to speak for or against a proposa an H VIA	I on the agend	la?()For proposal ()Against proposal ()General comments
Address: 521 Vem	Nenzo Block.		
Business phone: 818 904 3	City City Representing:	State	Zip
	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEI	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

NOTE: THIS I YOU ARE NOT EXCEPT TO TH	S A PUBLIC DOCUMENT SUBJECT TO POSTIN REQUIRED TO PROVIDE PERSONAL INFORM E EXTENT NECESSARY FOR THE PRESIDING	ATION IN ORDER TO SPEAK,
Pate 670B I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Name:	plic comment, or to speak for or against a pro- PAD PROVIDE CLIENT I	Against proposal () General comments
Client Name:		Phone #:
Client Address:Street	City	State Zip

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 8/6/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		lo., Agenda Item, or Case No. lス - 16 []		
I wish to speak before the City Council Name of City Agency, Department, Committee or Council					
Do you wish to provide general p	oublic comment, or to speak for or against a	a proposal on the agend	a?()For proposal		
Name: Kathie Wrigh	Sublic comment, or to speak for or against a $n + \frac{1}{2}$		 Against proposal General comments 		
Business or Organization Affiliati	on: MacDonald Media				
Address: 701 E. 3rd	St. L.A.	CA	90013		
			Zip		
Business phone: 2 <u>13-680 - 3</u>	096 Representing:				
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BEI	_OW:		
Client Name:			Phone #:		
Client Address:					
Street	City	State	Zip		

NOTE: THIS YOU ARE NO EXCEPT TO TI	IS A PUBLIC DOCUMENT SU T REQUIRED TO PROVIDE PI HE EXTENT NECESSARY FOR	ERSONAL INFORMATION	IN ORDER TO SPE	
Date 8 6 3	THE CITY COUNCI DECORUM WILL B	-	Council File No., A H23	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	200Cil	Council	
Do you wish to provide general p	U S		on the agenda? () For proposal
Name:	on: LA.	Chambe	(General comments
Address:Street	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	St. CM	State	Goel7 Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	OVIDE CLIENT INFOR	MATION BELOW	/:
Client Name:			Pho	ne #:
Client Address: Street	(Dity	State	Zip

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJE T REQUIRED TO PROVIDE PERS HE EXTENT NECESSARY FOR TH	ONAL INFORMATION IN	ORDER TO	SPEAK,
Date 8/-6/13	THE CITY COUNCIL'S DECORUM WILL BE E	RULES OF NFORCED.	6	o., Agenda Item, or Case No. Closed Serror
I wish to speak before the	Name of City Agency, Departm	nent, Committee or Cou	uncil	
Do you wish to provide general p Name: <u>Semi l</u> Business or Organization Affiliati	alioda	or against a proposal or The Arty	n the agend	a?()For proposal 《)Against proposal ()General comments
Address: 652 /	Matio St. # City	LA CA	90 State	-02 / Zip
Business phone: 702 813	<u> </u>			
CHECK HERE IF YOU ARE A				
Client Name:				Phone #:
Client Address:Street	City		State	Zip

YOU ARE NOT REC	PUBLIC DOCUMENT SUBJECT TO POS QUIRED TO PROVIDE PERSONAL INFO (TENT NECESSARY FOR THE PRESIDI	RMATION IN ORDER T	O SPEAK,
Date August 6'2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	1100	No., Agenda Item, or Case No.
I wish to speak before the	mail		
Nar	me of City Agency, Department, Comr	nittee or Council	
Do you wish to provide general public Name: PIEAMMA	comment, or to speak for or against a BRINN	a proposal on the age	nda? () For proposal Against proposal () General comments
Business or Organization Affiliation:	1 RON WORKERS		
Address: 1626 Berey	ohn BWA LA	CA	
		State	Zip
Business phone:	Representing:	,	
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIEN	IT INFORMATION B	ELOW:
Client Name:			_ Phone #:
Client Address:			
Street	City	State	Zip

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON T REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO SP	EAK,	
Date 8613	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	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 p Name:	Dublic comment, or to speak for or against a propos	al on the agenda?	 For proposal Against proposal General comments 	
Business or Organization Affiliati	on: <u>Clear Channel Outdoor</u>		<i>2</i> *>	
Address:	orborgate Way, Tomany	State	9050) Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Ph	one #:	
Client Address:	City	State	Zip	

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING C T REQUIRED TO PROVIDE PERSONAL INFORMATI- IE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER T	TO SPEAK,
Date August 6113	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	e No., Agenda Item, or Case No.
I wish to speak before the	Cormeil		
	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general p Name:	NILLER	sal on the ager	nda?()For proposal ()Against proposal ()General comments
Business or Organization Affiliatio	on: <u>PROPERTY OWNER</u> ilshire Bld # 520 Los Anyeles City		11700
Address: //620 W	Ishire Blue # 520 Los Angeles	La.	91302
Street	City Ø	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION B	ELOW:
Client Name:			_ Phone #:
Client Address: Street	City	State	Zip
Please see reverse of card for	or important information and submit this entire car	d to the presidi	ng officer or chairperson.

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 10/13</td <td>THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.</td> <td></td> <td>Io., Agenda Item, or Case No. - closed SCSIN</td>	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Io., Agenda Item, or Case No. - closed SCSIN		
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 proposal on the agenda? () For proposal Against proposal Against proposal () General comments					
Business or Organization Affiliation:					
Address: 250 S.	Grand AUR, LA	State	900/2 Zin		
	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #:		
Client Address:	City	State	Zip		

YOU ARE NOT REQ	UBLIC DOCUMENT SUBJECT TO POSTI UIRED TO PROVIDE PERSONAL INFORM ENT NECESSARY FOR THE PRESIDING	MATION IN ORDER TO SP	EAK,		
Date 677	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	Council File No., A	Agenda Item, or Case No.		
I wish to speak before the Nam	e of eity Agency, Department, Commit	DORLA tee or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal					
Name: Om	~ WACGH	υ ι	(<i>i</i>) Against proposal () General comments		
Business or Organization Affiliation:					
Address:	City	State	Zip		
Business phone:	,	,	21µ		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pho	one #:		
Client Address:		Otata	7 2		
Street Please see reverse of card for impo	City ortant information and submit this entire	State e card to the presiding off	Zip icer or chairperson.		