

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

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Date ,	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
2/1/13	DECORUM WILL BE ENFORCED.	7
711172		
I wish to speak before the	Council	
·	Name of City Agency, Department, Committe	e or Council
	oublic comment, or to speak for or against a pro	( ) Against proposal
	on: Women AgaINST Gun 1	
Address: \$800	Venue Blud LA	CA 90034
Business phone: 310 204	2348 Representing: Women A	Garnst Gun Violence
	A PAID SPEAKER AND PROVIDE CLIENT I	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 2/0/13	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 or Council						
Do you wish to provide general p	public comment, or to speak for or against a pr	oposal on the agenda?	For proposal			
Name: Mana	Garcia		Against proposal     General comments			
Business or Organization Affiliati	Garcia on: Dolores Mission	2 4	Voice			
Address: Street	City	Olaha				
	Representing:	State	Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		PI	none #:			
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.		
2/4/2013	DECORUM WILL BE ENFORCED.	7			
I wish to speak before the	Council				
,	Name of City Agency, Department, Committee or Council				
	public comment, or to speak for or against a prop	osal on the agenda?	( ) For proposal ( ) Against proposal		
Name: Margot	Bennett		( ) General comments		
Business or Organization Affiliation: Wormen Against Gun Violence					
	enice CA City		90034 Zip		
Street Business phone: 3/0 204	2348 Representing: CONSTITUM)	State  FS of Women	Leainst		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Ph	one #:		
Client Address:					
Street	City	State	Zip		

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Date 2-6-13		NCIL'S RULES OF L BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,		e or Council	
Do you wish to provide general Name:	Healy			( ) Against proposal     ( ) General comments
Business or Organization Affiliat	ion: <u>Violence 1</u>	Prevention	Coalition	of Greate-Lit.
Address: 1000 N. #  Business phone: 213-3	flaneda St.	Los Ange	les CA State	900/Z
Business phone: 213-3	16-5265 Representing	g: Coalition me	embers & their	constituents
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT II		
Client Address:Street		City	State	Zip