

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 Signature		sel	o., Agenda Item, or Case No.
	Name of City Agency, Department, Comn	nittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a	ı proposal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliati	ion: Committee to help	Eric Garcetti	Become GoveRNOR
Address:Street	,	State	Zip
	Representing:		,
•	A PAID SPEAKER AND PROVIDE CLIEN		ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip.

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Date	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, Comm	ittee or Council
Do you wish to provide general	sublic comment, or to speak for or against a	proposal on the agenda? () For proposal () Against proposal
Name:	4) Affect	() General comments
Business or Organization Affiliati	on:	
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/ Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	T INFORMATION BELOW:
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Client Address:	(Mthy) Lunds	un San Pira
Street	y City	State Zip

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Date 5 -8 -1	13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before	re the		r Council	
		Name of City Agency, Department, Committee o		? () For proposal () Against proposal
Name:	HRYDU	à spers		() General comments
Business or Organiz	ation Affiliatio	n:		
Address:		Lennor		
Address:	Street	City	State	Zip
Business phone: _		Representing:		
CHECK HERE IF	OU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELC	ow:
Client Name:			P	hone #:
Client Address:	Street	City	State	Zip

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

Date 5 / 8 / 13 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. On the Council Structure of City Agency, Department, Committee	Council File No., Agenda Item, or Case No. The see or Council
Do you wish to provide general p	oublic comment, or to speak for or against a pr	oposal on the agenda? () For proposal
Name:	irry Wallerstein	() Against proposal () General comments
Business or Organization Affiliati	on: South Coast Air	Quality Management Distr
Address: () (CW	MOND Bar, CA	
Business phone: 909396	Representing: SCAOM	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	NFORMATION BELOW:
Client Name:		Phone #:
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Sireer	City	State Zip

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Date /8(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 $\frac{C}{}$	TY Courses	
	Name of City Agency, Department, Committee	ee or Council
Do you wish to provide general Name:	public comment, or to speak for or against a prosecution: MAYON CITY A	oposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliat	tion: MAYON CITY D.	of work BEAD
Address:Street		
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date // 20/3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No	0.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposed for against a	posal on the agenda? () For proposal Against proposa () General comment	l nts
Business or Organization Affiliation	on: Creater Long Beach	Intertach Community	
Address: 14 % Was	+ 25Rd Street hong Beau	h, CA 90810	
Business phone: 32 436-1	773 Representing:	State Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date 5/8/13	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 Name: Patrick Wi	public comment, or to speak for or against a propo	osal on the agenda? () For proposal Against proposal () General comments
Business or Organization Affiliati	ion: Fast Lane Transporta	itan
` Street	Pactic Coast they What of City When the City	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
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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 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theName	e of City Agency, Department, Committee or C	Council
	omment, or to speak for or against a proposal	on the agenda? () For proposal
Name: John	S. Peterson	Against proposal () General comments
Business or Organization Affiliation:	S. Peterson Peterson Law Group	
Address: 633 W. Fifth	St., Sut 2800, Los Ageles, C	1 90617
Business phone: 213 -236 - 9720	St., Sut 2800, Los Ageles, C City Representing: Fast Lan, Calif	ornia Cartage Three Ruers, Great
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW: San Pearl
Client Name: Fact Lane, Cal C	cotage Three Quers, LA Horb	at wall Phone #:
Client Address: 2400 & Pa	cotage, Three Awers, LA Harb CH, w. Lungton, CA Pedro Fork 11-	90744 State Zip

Business or Organization Affiliation: Los Angres County Delayment of Public Hongy Address: 695 S. Vormant Street City City Check Here IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Date 5 8 13	Council File No., Agenda Item, or Case No.
Name: DR. CYRUS RANGAN Business or Organization Affiliation: Los Angews County Delament of Jusus Hongy Address: 695 S. Vorman La. Street City State Zip Business phone: U3 138 3220 Representing: LA COUNTY DEPT of Pusus Horsem CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	I wish to speak before the	ee or Council
Business or Organization Affiliation: Los Angeuts County Defauthent of Public Homes Address: 695 S. Vormant Lt. CA 90005 Street State Zip Business phone: 113 138 3120 Representing: LA COUNTY DEPT OF PUBLIC HOMEN CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name:	^	
Business phone: US 138 5120 Representing: LA COUNTY DEPT OF PLAGUE HOMEN CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Business or Organization Affiliation: Las ANGEUS COUNTY DEPARTMEN	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Address: 695 S. VOUMONT LA COUNTY Business phone: U3 138 3120 Representing: LA COUNTY	State Zip DOUT OF PLANCE HORAM
	•	
Client Address:	Client Name:	Phone #:
Street City State Zip	Client Address: City	State Zip .

Date 5/8/13	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			
Name: Monica	Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments				
Business or Organization Affiliati	on: West bong Beach re	sident			
Address: Street	City	State Zip			
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:Street	City	State Zip			
Please see reverse of card f	or important information and submit this entire ca	rd to the presiding officer or chairperson.			

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	City Council Name of City Agency, Department, Committee of	or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal (V) Against proposal Name: Amouro Ramivez () General comments					
Business or Organization Affiliation: West Long Beach resident					
Address:Street	City	State Zip			
	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:Street	City	State Zip			
Please see reverse of card	for important information and submit this entire car	d to the presiding officer or chairperson.			

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Agenda

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? () Felf proposal () Against proposal () General comments Business or Organization Affiliation: The Formation and submit this entire card to the preciding officer or chairperson. City State Zip	S/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
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: The Declaration of Comments () General comments Address: 16 F. P.C.H. Wilmston C. B.E. Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	I wish to speak before the		<u> </u>	
Name:		Name of City Agency, Department, Committee or C	Council	
Name:	Do you wish to provide general p	public comment, or to speak for or against a proposal	I on the agenda	a? () Før proposal
Address: 16 F. PCH Wilmston Car JOHY Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street City State Zip	Name: Micia	Rivera		
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street City State Zip	Business or Organization Affiliati	on: TRELER CREEKS. C	.B.E	
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Street City State Zip	Client Name:			Phone #:
>	Client Address:	City	State	Zin
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Date	THE CITY COUNCIL'S RULES OF	Council File N	o., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	#9	7
I wish to speak before the	Los Angeles City Council		
	Name of City Agency, Department, Committee or 0	Council	
Do you wish to provide general posts of the Name: Patty / Can	public comment, or to speak for or against a proposa	I on the agenda	Against proposal () General comments
Business or Organization Affiliati	ion: Chalotion for Clean Air		
Address:800 W1/6	hue Blud #1010 Les Ange	LOS CA	90017
Business phone: $2/3 - 223$	Uny	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:	City	State	71
	Ony ior important information and cubmit this entire card t		Zip

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CITY OF LOS ANGELES SPEAKER CARD

Date 5 / 8 / 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	City Com cil Name of Oity Agency, Department, Committee or C			
Do you wish to provide general	oublic comment, or to speak for or against a proposa	I on the agenda? () For proposal () Against proposal () General comments		
Business or Organization Affiliati	on: Communities for a Be	Her Environment		
Address:Street	City	State Zip		
	Representing:	,		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:Street	City	State Zip		
	or important information and submit this entire card t			

Date / C / -	THE CITY COUNCIL'S RULES OF	4	No., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13	0295-53
I wish to speak before the	Name of City Agency, Department, Committee or C	>	
	Name/of City Agency, Department, Committee or C	Jouncii	
Do you wish to provide general p	public comment, or to speak for or against a proposa	I on the agend	la? () For proposal
Name: Monet Pe	drazzini		(✓) Against proposal () General comments
Business or Organization Affiliati		····	
Address: 3915 E W	ILTON ST LONGBEACH	CA	90804
Business phone:	PREPRESENTING:	State	Zip
•	A PAID SPEAKER AND PROVIDE CLIENT INFOF		
		į	-
Client Name:		<u> </u>	Phone #:
Client Address: Street		·	
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	o the presiding	g officer or chairperson.

Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
5/8/13	DECORUM WILL BE ENFORCED.	13-0395-53		
I wish to speak before the	to Council			
	Name of City Agency, Department, Committee or C	Council		
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	I on the agenda? () For proposal		
Name: Ana Ros	a Rizo-Centino	(√) Against proposal () General comments		
Business or Organization Affiliation: Political Leaders United to Create Change				
Address: 3812 E.57th St., Maywood, California 90270 Street Zip				
Business phone: (323) 383	-5506 Representing: Students	2.0		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:				
Street	City	State Zip		
Please see reverse of card f	or important information and submit this entire card t	o the presiding officer or chairperson.		

Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.				
5/8/13	DECORUM WILL BE ENFORCED.	13-6295-S3				
I wish to speak before the						
	Name of City Agency, Department, Committee or C	Jouncil				
Do you wish to provide general p	public comment, or to speak for or against a proposa	I on the agenda? () For proposal				
Name: Julian	Cohel	(√) Against proposal () General comments				
Business or Organization Affiliati	on: MMAC-Mun Mab	ling A Change				
Address:Street	LONG BEACH	State Zip				
	City	State Zip				
Business phone:	Representing:					
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:				
Client Name:		Phone #:				
Client Address:Street						
Street	City	State Zip				
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Date / C /	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-07-95-53
I wish to speak before the	City Coneil	
	Name of City Mency, Department, Committee or	Council
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agenda? () For proposal
Name:	Tavai	(✓) Against proposal () General comments
Business or Organization Affiliati	on: ANCONA	
Address: 4365 5	mavery UB C	A 9080+
Street	City	State Zip
Business phone:	Representing: Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
5/8/13.	DECORUM WILL BE ENFORCED.	13-0295-53.		
Lwish to angel hefers the				
I wish to speak before the	Name of City Agency, Department, Committee or	Council		
	public comment, or to speak for or against a proposa			
Business or Organization Amiliati	on:	IN COA		
Address: 4000 LB BIVA LOM BEACH CA 9080+				
	Representing: EMDII	State ' Zip		
	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:		
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Please see reverse of card t	or important information and submit this entire card	to the presiding officer or chairperson.		

Date	THE CITY COUNCIL'S RULES OF	Council File No.	., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-	0395-53
I wish to speak before the	City Canal		
	Name of City Agency, Department, Committee or C	Council	
	oublic comment, or to speak for or against a proposa		
Business or Organization Affiliati	· · · · · · · · · · · · · · · · · · ·		
Address: 2327	Adriatic Au Long Bea	ch CA	90F10
	0509 Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELO	ow:
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Date	THE CITY COUNCIL'S RULES OF		., Agenda Item, or Case N	o.
5/8/13	DECORUM WILL BE ENFORCED.	13-0	295-53	
I wish to speak before the	City Council			-
·	Name of City Agency, Department, Committee or	· Council		
Do you wish to provide general	oublic comment, or to speak for or against a propos	sal on the agenda	? () For proposal	
Name: Jashna Gi	bbs		(√) Against proposa() General comme	
Business or Organization Affiliati	on: Long Beach Resident			
Address: 234 E V	on: Long Beach Lesident Vernon St Long Beach	(A	90806	
	Representing:		Zip	
	•			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	ow:	
Client Name:			Phone #:	
Client Address:				
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Please see reverse of card t	or important information and submit this entire card	I to the presiding	officer or chairnerson	ı

Date	THE CITY COUNCIL'S RULES OF		enda Item, or Case No.		
1 5 18/13	DECORUM WILL BE ENFORCED.	13-020	15 - 53		
I wish to speak before the	City Council				
·	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 () General comments					
Business or Organization Affiliati	on: Building Healthy Comments: Lo	na Beach			
Address: 920 Alla	wtie Avene long Beach	M. q	V5/3		
Street Business phone: (562) (136-4)	Address: 920 Atlantic Avenue, Con Beach M. 908/3 Street Business phone: (50)+36-4807 Representing: Birling Health, Comm. Long Beach				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phoi	ne #:		
Client Address:	City	State	Zip		
. Sileet	Oily	Otale	ωp		
Please see reverse of card f	or important information and submit this entire card	to the presiding office	er or chairperson.		

Date 5 / 8 / 13	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	De la constant de la	e No., Agenda Item, or Case No.
I wish to speak before theNa	me of City Agency, Department, Co		
Do you wish to provide general public Name:	comment, or to speak for or again:	st a proposal on the age	nda? () For proposal (V) Against proposal () General comments
Business or Organization Affiliation:	,		
Address: 1910 E. R	obidoux 51. purlm	ragton, Cu.	90744
Address: 1910 E. R Business phone 3 straet 946 6	City Representing:	/ State	Zip
CHECK HERE IF YOU ARE A PAI			
Client Name: Alfved			_ Phone (#. 7/V) GYV · 628
Client Address: 1510 E.	Robidoux STI W	Planation C	4. 904214
Štreet	City	State	Zip
Please see reverse of card for im	portant information and submit this	entire card to the presidi	ing officer or chairperson.

Date / O / O	THE CITY COUNCIL'S RULES OF	The same of the sa	o., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-	-0295-53
I wish to speak before the	Name of City Agency, Department, Committee or C	Council	A Alghan
	public comment, or to speak for or against a proposa		a? (For proposal Against proposal General comments
Name:	Ar vivo (
Business or Organization Affiliat		-01.	SPUD 6
Address:	N. W. Min (to)	SIM	INCOMINATION
Street Business phone:	Representing:	State	9970
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BEL	.ow:
Client Name:			Phone #:
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Street	City for important information and submit this entire card t	State	Zip officer or chairperson



Date	THE CITY COUNCIL'S RULES OF	Council File No.	., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-02	95-53
l wish to speak before the(Who Council		
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agenda	? () For proposal
Name: AShler	Hernonder		(*) Against proposal (*) General comments
Business or Organization Affiliati	on: of Wilmighon	Resides	<u>vt</u>
Address: <u>USE</u> .	PCH, Wilmington		90744
Business phone: (324)	S-911 Representing:	State	Zip /
, ,	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card	to the presiding of	officer or chairperson.

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the			
	Name of City Agency, Department, Committee	e or Council	
	public comment, or to speak for or against a pro Lion: Wilmington Resident		
Address:Street	City	State	Zip
	Representing:		•
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOY	N :
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip
Please see reverse of card	for important information and submit this entire of	eard to the presiding of	ficer or chairperson.

Date 5/8/13	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR		No., Agenda Item, or Case No.	
I wish to speak before the				
	Name of City Agency, Department, C	Committee or Council		
	neral public comment, or to speak for or aga		/: \ A nainat muammani	
Name: Maria DPR	loga		() General comments	
Business or Organization A	Affiliation: Wilmwyfau Res	ident/ Cermuni	ties for a botte	V
Address:				- -
Street	City	State	Zip	
Business phone:	Representing:	Water may 1 minus		_
CHECK HERE IF YOU A	ARE A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BI	ELOW:	
Client Name:			_ Phone #:	
Client Address:Street				_
Street	City	State	Zip	
Please see reverse of	card for important information and submit th	is entire card to the presidio	ng officer or chairperson.	

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 13 - 0795 - 53
I wish to speak before the	Name of City Agency, Department, Committee	or Council
	public comment, or to speak for or against a prop	posal on the agenda? () For proposal
Name: KosA H.	LAN/2 ion: Wilmington Perident/	CANALLIA TEC C. A REHER
Address:	ion: VV ((Volva) ac Lettaces)	Emiranal
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address: Street	City	State Zip
Please see reverse of card f	for important information and submit this entire ca	ard to the presiding officer or chairperson.



Date	THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
05087013	DECORUM WILL BE ENFORCED.	L My oc	FMG GEARLY
I wish to speak before the	IN CHA COMMITTEE COMMITTEE OF	Council	
	Name of City Agency, Department, Committee or		
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda	() For proposal () Against proposal
Name: ///REW U	1100		() General comments
Business or Organization Affiliat	ion: CALGORNIA Lids	IAQ	
Address:/60//	Wilmington Blod. Wilming	State	A 90744
Business phone: 46	6593 Representing: Abova	Giale	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card	for important information and submit this entire card	I to the presiding	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

050B 2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the			
	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general	public comment, or to speak for or against a pro	posal on the agenda	? () For proposal
Name: DREW W	rod		(%) Against proposal () General comments –
Business or Organization Affiliat	tion: Carlopenia Cros	IAQ	
Address: 1601 No. W.	Ungton Blue Willming.	ton, CA	90744
Business phone: 916-616	59/3 Representing: Above		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BEL	ow:
Client Name:	·		Phone #;
Client Address:			
Street	City	State	Zip
Places see reverse of card	for important information and submit this entire of	eard to the preciding	officer or chairnerson

Date 5/8/3	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE	Communication of the Communica		
I wish to speak before the	City Com al Name of On Agency, Department, Com	nmittee or Council		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal (V) Against proposal (V) Against proposal (V) Against proposal (V) General comments Business or Organization Affiliation: West Long Beach resident				
	V	1 Per My		
Address:Street	City	State Zip		
Business phone: Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: Phone #:				
Client Address:Street	City	State Zip		
Please see reverse of	card for important information and submit this e	ntire card to the presiding officer or chairperson.		

Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.			
5/8/13	DECORUM WILL BE ENFORCED.	13-0295-53			
I wish to speak before the					
Do you wish to provide general	public comment, or to speak for or against a proposa	on the agenda? () For proposal			
Name: <u>Giovannie Nun</u>	public comment, or to speak for or against a proposa セスー <u>Dueえ</u> のら	() General comments			
Business or Organization Affiliati	ion: <u>C.B.E</u>				
Address: 1025 Tremont St. Los Angeles CA 90033					
Address: 1025 Tremont St. Los Angeles CA 90033 Street C323) 921-7479 Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.					

Date 5/8//3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	City Council			
	Name of City Agency, Department, Committee or	Council		
Do you wish to provide general p	public comment, or to speak for or against a propos	al on the agenda? () For proposal		
Name: Kathryh Lon	tranheiser	() Against proposal () General comments		
Business or Organization Affiliati	on: C.B.F.			
Address: 5503 Roma	she St. Los Angeles City	CA 90038		
	City - 3 9 8 Representing:	State Zip		
	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:		
Client Name:		Phone #:		
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.		

Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
3/4/13	DECORUM WILL BE ENFORCED.	13-029	5 - 53
I wish to speak before the	City Council		
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general	public comment, or to speak for or against a prop	osal on the agenda	? () For proposal
Name: Malor Vacque	Z <u> </u>		() General comments
Business or Organization Affiliati			
Address:	Ave Wilnington City	CA	·
		State	Zip
Business phone: (567) 140-7	ৰ্থী Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT IN		
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip
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5 (8113		CITY COUNCIL'S RULES OF ORUM WILL BE ENFORCED.	13-029	5-53
I wish to spe	ak before the	crty coun	ci V		
		Name of Ci	tv Agency. Department. Committee o	or Council	
Do you wish	to provide gen nethlopu	•	nt, or to speak for or against a propo		? () For proposal () Against proposal () General comments
Business or	Organization A	ffiliation: CBE			
Address:	2700	58thst,	Huntington Park City	CA	
	Street		City	State	Zip
Business pho	one:	R	epresenting:		
СНЕСК НЕІ	RE IF YOU A	RE A PAID SPEA	AKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:				P	hone #:
Client Addres	ss:				
	Street		City	State	Zip
Please s	ee reverse of	card for important i	nformation and submit this entire car	d to the presiding	officer or chairperson.

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Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Attria Riveren	City Connail
	Name of City Agency, Department, Commit	tee or(Council
A	public comment, or to speak for or against a p	/ / /
Business or Organization Affiliati	Pivera ion: Communities for a	Better Environment
Address: Street	ı	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip
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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

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	osal
Name: Maya Golden - Fragrer () General com	ments
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: 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	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
6/4/13	DECORUM WILL BE ENFORCED.	13-0295-53
I wish to speak before the	City Conneil	
,	Name of City Agency, Department, Committe	e or Council
	public comment, or to speak for or against a pro	
Business or Organization Affiliati	on: Communities for a	Beffer Environment
Address)	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip
Please see reverse of card t	for important information and submit this entire	eard to the presiding officer or chairperson

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

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	o., Agenda Item, or Case No.
I wish to speak before the	CITY Council		Azenda #9
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda	1? () For proposal
	ATSUMOTO, Executive Di		() Against proposal () General comments
	ion: LONG-BEACH UNIFIED	School	- DISTRICT
Address: 515 + 115	hes way long beach	<u>CA</u>	908-10
Business phone: $(562)99$	hes Way Long Band 7-7550 Representing: Appelate, Lo	np Beach	· UniFeD Schi
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow: District
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	THE CITY COUNCIL'S RULES OF	Council File N	o., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-0	0295-S3
I wish to speak before the	City Council		
	Name of (city Agency, Department, Committee or C	Council	
	public comment, or to speak for or against a proposa	_	a? () For proposal (\/) Against proposal () General comments
	on: South LA resident		
Address:Street	•		
	·	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	o the presiding	officer or chairperson.

Date	THE CITY COUNCIL'S RULES OF	The same of the sa	o., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13 -	0295-53
I wish to speak before the	City Comcil		
·	Name of City Agency, Department, Committee or	r Council	
Name: Jolanda (public comment, or to speak for or against a propos		() Assissed masses = -1
Business or Organization Affiliati	ion: West Long Beach residen		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card to	for important information and submit this entire card	to the presidina	officer or chairperson.

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Date	THE CITY COUNCIL'S RULES OF		o., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13.	-0295-53
I wish to speak before the	City Corneil		
•	Name of City Agency, Department, Committee of	r Council	
	oublic comment, or to speak for or against a propos	sal on the agend	a? () For proposal () Against proposal () General comments
Name: All Colors Business or Organization Affiliation	ion: East Yord		
Address: 36 Street	Dhio, bong Beach	OA) State	90804 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEL	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card	or important information and submit this ontire care	to the preciding	officer or chairpereen

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

Date 5-8-13	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
	public comment, or to speak for or against a propo	(%) Against proposal
Name: WCIM	amber James 5	ON 11 SOU () General comments
Business or Organization Affiliat	ion: 7+4 Council I	Vist Long Begg
Address: 333 W	00 C C C VIVI 13/04	Ca, 40803
Business phone: $\frac{562-5}{}$	70-7777 Representing:	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 ca	d to the presiding officer or chairperson.



Date	THE CITY COUNCIL'S RULES OF	Council File No., A	Agenda Item, or Case No.
8/8/13	DECORUM WILL BE ENFORCED.	いるか	57人
I wish to speak before the	City Council		
	Name of City Agency, Department, Committee or C	Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	I on the agenda?	
Name: Musik	Rupp Loadsman, Plan	MIND	() Against proposal () General comments
Business or Organization Affiliati	on: City of Chron	000,000	
Address:	4 Charlot, CArso	~ 08	a0145
Street Business phone: 30057	City	State	Zip
business priorie.	Trepresenting.		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOV	V:
Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	o the presiding off	icer or chairperson.

Date 5/8/13	THE CITY COUNCIL'S RU DECORUM WILL BE ENFO		No., Agenda Item, of Case No.
I wish to speak before the	Name of City Agency, Departmen	t, Committee or Council	
Name:	public comment, or to speak for or a		() Against proposal () General comments
Business or Organization Affiliati	ion: (CAEV)	Cos Angeles Evononic Dec	dopment corporation
Address: 4445,	Flower LA City	State	98071 Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address: Street	City	State	Zip
Please see reverse of card	for important information and submit	this entire card to the presidin	g officer or chairperson.

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Date 5 (8 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	CITY COUNCIL		
	Name of City Agency, Department, Committee or 0	Council	
	public comment, or to speak for or against a pr <mark>opo</mark> sa	on the agend	a? (For proposal () Against proposal
Name: CUFF	SMITH		() General comments
Business or Organization Affiliati	ion: ROOFERS UNION C	OCKL	36
Address: 3380	POPLAR BLUS LA	State	90032
Business phone: 323 222	COZST Representing:	State	- Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	.ow:
Client Name:			Phone #:
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Street	City	State	Zip

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Date	THE CITY COUNC	IL'S RULES OF	Council File No.	, Agenda Item, or Case No.
	DECORUM WILL I	BE ENFORCED.		9
I wish to speak before the	CITY COUNCIL	·		
	Name of City Agency, De	partment, Committ	tee or Council	
Do you wish to provide general p	public comment, or to speal	cfor or against a p	roposal on the agenda	? (ズ) For proposal ()Against proposal
Name:	ONNELL			() General comments
Business or Organization Affiliati	ion: <u>PLUMBERS</u> &	FITTERS LOC	AC 494	
Address: 2740 E. SP	RING ST. LON	6 BEACH	CA	90806 Zip
Business phone: 562 490		=		•
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:	W-100 - 1 - 0			
Street		City	State	Zip

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

Date COLO	THE CITY COUNCIL'S RULES OF	Council File No	Agenda Item, or Case No.
7/8/1/7	DECORUM WILL BE ENFORCED.	#	/
I wish to speak before the	City Cou,	ncil	
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposa		(L) For proposal () Against proposal () General comments
Business or Organization Affiliati	on:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Pł	none #:
Client Address:	11 <u>.</u>	01-1-	
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	to the presiding o	fficer or chairperson.

Date 5/8/12		COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No.,	, Agenda Item, or Case No.
I wish to speak before the	LA. aly	Coureal		
Do you wish to provide general		ency, Department, Committed to speak for or against a pro		? () For proposal
Name: Pedro Sant	illan			() Against proposal () General comments
Business or Organization Affiliati	ion: Laborers	Local 507	· · · · · · · · · · · · · · · · · · ·	
Address: 3919 Pava Ma	oont Blud.	Lakewood	State	90712
Business phone: (522) 421-9	₹3 (4 Repres	enting: LIUNA	- Citale	2.10
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT II	NFORMATION BELO	w:
Client Name:			PI	hone #:
Client Address:Street		City	State	Zip
Places can reverse of eard f	for important inform	ation and aubmit this antire s	and to the prociding o	Higgs or about aroun

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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the City Cocural	
Name of City Agency, Department, Commi	
Name: Richard Foss Business or Organization Affiliation: Sheet Matal Workers Local	() General comments
Address: 2/20 Auto Centro Dr. Glyndora	CA 9/745
Business phone: 909-305 2800 Representing: 5 Left Next	Morkus Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:	Phone #:
Client Address: City	State Zip

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

Date 5-8-13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the			
	Name of City Agency, Department, Committee of	or Council	
	public comment, or to speak for or against a propo		a? (***)For proposal (**) Against proposal (**) General comments
Business or Organization Affiliat	ion: Fronworkers 433		
Address: 17495 Huv	lay St. Industry	CA State	Zip
Business phone: <u>323)767-76</u>	Representing:		·
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card t	for important information and submit this entire car	d to the presiding	officer or chairperson.

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
	oublic comment, or to speak for or against a propo	osal on the agenda	() Against proposal
Name: Kobert	ALACGA		() General comments
Business or Organization Affiliati	on: Isadore HAtl	State	ASM #64
Address: 2266 w Street	ActisiA Blud Conston	State	90220
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF		OW: Phone #:
Olicht Marie. 77 4AOLOV -	100) HOHE #
Client Address:Street	City	State	Zip
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Date 15 VIB hala	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.	
0 200 3013	DECORUM WILL BE ENFORCED.	Foresterd Mites	l
I wish to speak before the	Name of City Agency, Department, Commit	tee or Council	70/6
Do you wish to provide general	public comment, or to speak for or against a p	proposal on the agenda? () For proposal	
Name: Name:	180D	() Against proposal () General comments	
Business or Organization Affilia	tion: CALIBORNIA KIOS	TAG	
Address: /b0/	Wilmington ava Wilm	ington CA. 90744	_
Business phone: 916	665 Representing: Away	- Charle Zip * (
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone #:	_
Client Address:			
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Please see reverse of card	for important information and submit this entire	e card to the presiding officer or chairperson.	

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Date 5-8-2013	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
=	public comment, or to speak for or against a propos	
Business or Organization Affiliati	ion:SELF	
Address: 732 Bisco	ON AVE NEWPORT BE	ACH CA 92660 State Zip
·	6369 Representing: SELF	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW: L
Client Name:		Phone #:
Client Address:	City	State Zip
	for important information and authorit this antire care	

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

Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
114182013	DECORUM WILL BE ENFORCED.	
I wish to speak before the	City Council	
I	Name of City Agency, Department, Committee or (Council
· ·	public comment, or to speak for or against a proposa	(🔀 Against proposal
Name: Evelyn -	NICHT Whend	() General comments
Business or Organization Affiliati	on: Tuter forthe Comunida	1 Organization
Address: 2521 Coq	LA Ane Long Beach	A190810
Business phone 562-426	1342 Representing:	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFOF	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip
Please see reverse of card f	or important information and submit this entire card t	o the presiding officer or chairperson.

Date	THE CITY COUNCIL'S RULES OF	Council File N	o., Agenda Item, or Case No.	
5/8/13	DECORUM WILL BE ENFORCED.	13-029	5-53	
I wish to speak before the	Name of City Agency, Department, Committee or C	Council		
Do you wish to provide general p	public comment, or to speak for or against a proposa	on the agenda	? () For proposal	
Name: TIM S	ato		(Against proposal () General comments	
Business or Organization Affiliati	on: Resident			
Address: 1961 W. 32nd St. Long Beach CA 90810 Street 700 251041 City State Zip				
Business phone: 542-77	3-256 Representing: Family	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:	04.	Ct-t-	7	
Street	City	State	Zip	
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.				

Date 5 /8 / 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	City Comail	
	Name of City Agency, Department, Committee or (
-	public comment, or to speak for or against a proposa	If on the agenda? () For proposal (V) Against proposal
Name: Veronica	(nuerrero	() General comments
Business or Organization Affiliati Address: Street	on: West Long Boach residu	
	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street		
Street	City	State Zip
Please see reverse of card f	or important information and submit this entire card t	to the presiding officer or chairperson.

Date 5 / 8 / 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		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 proposa	al on the agenc	la? (√) For proposal (√) Against proposal	
Name: Joshua Hous	T .		() General comments	
Business or Organization Affiliati	ion: CFAs E			
Address: 320 M Maf	City San Pedro	<u>C</u>	9073/	
	City Representing:	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	
Please see reverse of card f	or important information and submit this entire card t	to the presiding	g officer or chairperson.	

Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-029	46-53
I wish to speak before the	City Council		
	Name of City Agency, Department, Committee or	Council	
	oublic comment, or to speak for or against a proposa		(;) Against brobosai
Name: Flavio Merc	iado.		() General comments
Business or Organization Affiliati	on: Coalition For A Safe E	nulranment	CFASE
	aperte st. Wilmington (1		
	Representing:		Z.ip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Pr	none #:
Client Address:	City	State	Zip
	or important information and submit this entire card		•

Date 101.0	THE CITY COUNCIL'S RULES OF	THE RESIDENCE AND ADDRESS OF THE PERSON OF T	o., Agenda Item, or Case No.
5/8/13	DECORUM WILL BE ENFORCED.	13-0	02-95-53
I wish to speak before the	City Council		
	Name of City Agency, Department, Committee or C	Council	
1	public comment, or to speak for or against a proposa		a? () For proposal (V) Against proposal () General comments
ramo. Totale le b	μ-τ		
Business or Organization Affiliati	on:		
Address:	•		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BEL	.ow:
Client Name:			Phone #:
Client Address: Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	o the presiding	officer or chairperson.

Date. 5 (8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	City Council Name of City Agency Papartment Committee or	Council		
	Name of City Agency, Department, Committee or Coublic comment, or to speak for or against a proposa			
Name:				
Business or Organization Affiliation: Depresenting Scientists from USC, UCLA, Address: MCQ237+UC Street City LA 90089 State Zip Grune Business phone: 3234433077 Representing: Scientist from USC, UCLA & UCI				
Client Name:	A PAID SPEAKER AND PROVIDE CLIENT INFOR	Phone #:		
Client Address:	City	State Zip		
Please see reverse of card f	or important information and submit this entire card t	to the presiding officer or chairperson.		

Date 5/8/L3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the			
	Name of City Agency, Department, Committee or C	Council	
Do you wish to provide general p	public comment, or to speak for or against a proposa	l on the agend	a? () For proposal (∨) Against proposal
Name: Enri4	ve Gonzalez		() General comments
Business or Organization Affiliati	on:		
Address:Street	01.	01-1-	7:
		State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEL	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card t	or important information and submit this entire card t	o the presiding	officer or chairperson

Date	10	1,3	THE CITY COUNCIL'S RULES OF	Council File N	o., Agenda Item, or Case No.
5	18	110	DECORUM WILL BE ENFORCED.	13-02	195-53
I wish to	speal	k before the	City Council		
	·		Name of City-Agency, Department, Committee or	Council	-
			public comment, or to speak for or against a proposa		
Name: _	AS	nley of	ternandez		() Against proposal () General comments
Business	or O	rganization Affiliat	ternandez on: Communities for a Bet	to En	viramat
			•		,
Audiess.	·	Street	City	State	Zip
Business	phor	ne:	Representing:		
CHECK	HER	E IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOI	RMATION BEL	.ow:
Client Na	ame:_				Phone #:
Client Ad	ldress	Street			
		Street	City	State	Zip
<u>Plea:</u>	se se	e reverse of card	or important information and submit this entire card	to the presiding	officer or chairperson.

Date \$ 18/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
	public comment, or to speak for or against a proposa 0.00		da? () For proposal (V) Against proposal () General comments
Business or Organization Affiliat	ion: West Long Beach resident		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card	for important information and submit this entire card t	o the presidin	g officer or chairperson.

Date / C / + C	THE CITY COUNCIL'S RULES OF	Council Eile 1	lo., Agenda Item, or Case No.
S/8/13	DECORUM WILL BE ENFORCED.	13-1	5295-53
I wish to speak before the	City Council		
,	Name 61 City Agency, Department, Committee or	Council	
- mode	public comment, or to speak for or against a proposa	_	a? () For proposal () Against proposal () General comments
Business or Organization Affiliat	tion:		
Address:			
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOI	RMATION BEI	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card	for important information and submit this entire card t	to the presiding	officer or chairnerson.

Date 5 / 8 / 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.			
I wish to speak before the	Name of City Agency, Department, Committee or C	Council				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments						
Business or Organization Affiliation: East Yard Communities for Enviro-Justice						
Address: OUL Street Business phone: OUL O	19 8 3 8 Representing: MY 1819	Mov not	Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Pho	one #:			
Client Address:Street	City	State	Zip			
Please see reverse of card f	for important information and submit this entire card t	o the presiding off	icer or chairperson.			

Date / 8 / 12	THE CITY COUNCIL'S RULES OF	Council File No	e., Agenda Item, or Case No.		
3/0/13	DECORUM WILL BE ENFORCED.	13 ~	6295-63		
I wish to speak before the	Name of City Agency Department, Committee or (Council			
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 (V) Against proposal (V) Against proposal () General comments					
Business or Organization Affiliati	Transcription of all large His	h Sclami	_ ` `		
Business or Organization Affiliati	on: TIVIIIII/ [TIMI V/WIICK 1 114]	II (M(W)	of 0 1 7%		
Address: 187 CVVIII	ea five Lawndale	<u>CH</u>	90260		
Street	Representing: Lity of LONG (State HUM	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		F	Phone #:		
Client Address:	City	State	Zip		
	or important information and submit this entire card t	_	·		

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No 13 0295 53 Agenda Hem #9		
I wish to speak before the	COUNCIL	Agen	hu 1/em #9	
	Name of City Agency, Department, Committee o	r Council		
Do you wish to provide general Name:	public comment, or to speak for or against a propos	sal on the agend	a? (
Business or Organization Affiliat	ion: CENTURY VILLAGES AT (A	BRILLO	(cvc)	
Address: 2001 A	VER AVE LONG BEACH	CA	90810	
Business phone: 310 642	2059_ Representing:CV(State	Zip	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	.ow:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	
	ior important information and submit this entire care		•	

Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.		
5/8/13	DECORUM WILL BE ENFORCED.	13-02	95-53 Itom #9		
l wish to speak before the	City Council	Agenda	Itam #9		
	Name of City Agency, Department, Committee or 0	Council			
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	I on the agenda	? () For proposal () Against proposal () General comments		
Business or Organization Affiliation: Great Long Beach Interfa, th Com. Org					
Address: 5600 2	Linden Aue Long Breach	<1) State	90805		
Business phone: 362 784-2727 Representing: Stealer Long Beach I CO					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		F	Phone #:		
Client Address:Street	City	State	Zip		
Please see reverse of card f	or important information and submit this entire card t	o the presiding	officer or chairperson.		

Date 5 / 8 / 113	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
_	public comment, or to speak for or against a proposa	al on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliati	ion:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:		F	Phone #:
Client Address: Street	City	State	Zip
Please see reverse of eard t	ior important information and cubmit this entire eard	to the propiding	officer or chairperson

Date 1 0 / 0	THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.		
5/8/13	DECORUM WILL BE ENFORCED.	13-0	295-53		
I wish to speak before the	City Council				
,	Name of City Agency, Department, Committee or C	Council			
Name: Kat Madi	oublic comment, or to speak for or against a proposa	I on the agenda	a? () For proposal () Against proposal () General comments		
Business or Organization Affiliati	on posidont of Will	minosto	N		
Address: 1427 Ran	enna Ave, Willington	State	90744		
·	Representing:	State			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #:		
Client Address:	City	State	Zip		
	or important information and submit this entire card t		,		

Date 5/8/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		, Agenda Item, or Case No. 195 - 63			
I wish to speak before the City_ Council						
Do you wish to provide general p	Name of City Agency, Department, Committee or public comment, or to speak for or against a proposition of S	al on the agenda?	? () For proposal (√) Against proposal () General comments			
Name: /// Or / C	on: West Long Beach resident	 L	() General comments			
business of Organization Atmiati	on. wer -ong sealth restlant	-				
Address: Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
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 of	officer or chairperson.			

Date 5 /8/13	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 C	Council
Do you wish to provide general p	public comment, or to speak for or against a proposa	I on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliati	ion:	
Address: Street	City	
	City Representing:	State Z p
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	MATION BELOW:
Client Name:		Phone #:
Client Address:Street	City ·	State Zip
Please see reverse of card t	for important information and submit this entire card t	o the presiding officer or chairperson.

Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., 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	oublic comment, or to speak for or against a proposa Shute Mihaly & Weinberger on: City of Long Beach Ap	al on the agenda	? () For proposal () Against proposal () General comments
	on: City of Long Beach Ap	PELANT	
Address:Street	City	State	Zin 4
Business phone:	Representing: Appllant all	my of long	Beach
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card t	or important information and submit this entire card	to the presiding	officer or chairperson.

Date / O /	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
>10/13	DECORUM WILL BE ENFORCED.	13	-0295-G3
I wish to speak before the	Name of City/Agency, Department, Committee or	`````` `	/
Do you wish to provide general p	oublic comment, or to speak for or against a proposa		(? () For proposal (✓) Against proposal () General comments
Business or Organization Affiliati	on: West Long Beach	tesident	
Address:Street	v		
		State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip
2001	or important information and submit this entire card t		

Date / C / C	THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
518/13	DECORUM WILL BE ENFORCED.	13-	0295 - 53
I wish to speak before the	City Comail	· · · · · · · · · · · · · · · · · · ·	
	Name of City(Agency, Department, Committee or o	Council	
Do you wish to provide general	public comment, or to speak for or against a proposa	l on the agenda	? () For proposal
Name: Elizabeth			 (✓) Against proposal () General comments
Business or Organization Affiliati	on: West Long Beach reside	nt	
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card t	o the presiding	officer or chairnerson

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Date 5 4 1 3	THE CITY COUNC	· · · · · ·	Council File No.	, Agenda Item, or Case No.
3 8 1 5	DECORUM WILL	BE ENFORCED.	9	(0
I wish to speak before the	Name of City Agency, De	ci Me-bov.		
Do you wish to provide general p	public comment, or to speal	c for or against a propo	sal on the agenda	?()For proposal
Name: Matin	Sewell			(X) Against proposal () General comments
Business or Organization Affiliati	ion: Three Riv	ers Truckin	19	
Business or Organization Affiliation Address: 2300 しょし	Jillow St.	Long Beach	CA	90810
				Zip
Business phone: 562-216-43	Representing:	***************************************		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:		City	State	Zip

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Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		., Agenda Item, or Case No.
I wish to speak before the	م كوسيد ا Name of City Agency, Department, Committee or	Council	
Do you wish to provide general pul	blic comment, or to speak for or against a propos	al on the agenda	? () For proposal
Name: Randy Gooda			() Against proposal () General comments
Business or Organization Affiliation	: Long Beach Area Chu.	aber of	Commerce
Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Center #2 of Long Beach City	<u>C</u> .A State	90831 Žip
Business phone: (562) 436-	-\?\$\ Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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Date S/S/3 I wish to speak before the	DECORL	Y COUNCIL'S RULES OF JM WILL BE ENFORCED. Gency, Department, Committee		Agenda Item, or Case No.
Do you wish to provide general p	public comment, o	or to speak for or against a pro	oposal on the agenda?	For proposal
Name: KOGC	v Nobe			() Against proposal () General comments
Business or Organization Affiliati	ion:	BNSF Reul	Way	
Address:	Sorld Way	Trade Confer	Su t 1680	Long Deach Ch
Business phone: 979 22319	973 Repre	esenting:		,
CHECK HERE IF YOU ARE				v:
Client Name:			Pho	one #:
Client Address:		City	State	Zip

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

EXCEPTION	THE EXTENS MEDICOGAIN TON THE TRESIDING OF	IOLII IO OMLE OI O	100
Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
5/8/2013	DECORUM WILL BE ENFORCED.	9 000	1 10
I wish to speak before the	Name of City Agency, Department, Committee of		
	Name of City Agency, Department, Committee of	r Council	
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agenda?	For proposal Against proposal
Name: Paul Granille	3		() General comments
Business or Organization Affiliati	ion: Inland Empire Economic	Partnershi	P
Address: 1601 E. 3rd	St. San Bernadina	<u>CA</u> State	92408 Zin
	- 6000 Representing:		•
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:	•		
Street	City	State	Zip

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Date 5/8/2013	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	CED	No., Agenda Item, or Case No.
I wish to speak before the <u>Cv</u>	Name of City Agency, Department,	Committee or Council	
Do you wish to provide general p Name: <u> </u>	oublic comment, or to speak for or aga	•	da? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on: NTCC Village Dr. Harde City Representing:	ch ch	507/10
Business phone: Street	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE O	LIENT INFORMATION BE	ELOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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

			· -
Date	THE CITY COUNCIL'S RULES OF	Council File No., Age	enda Item, or Case No.
5/8/2013	DECORUM WILL BE ENFORCED.	9 and	ไฮ
I wish to speak before the $\frac{Ci}{c}$	Hy Counce \ Name of City Agency, Department, Committee o	r Council	
	ublic comment, or to speak for or against a propo	() Against proposal
Name: <u>Sandy Cajas</u>	·) General comments
Business or Organization Affiliatio	n: Regional Hispanic Chamb	per of Comm	ver le
Address: 3515 Linden Street	Ave. Long Beach	CA O	Zip Zip
	፲ <u>- 2 ፡ </u>		
	PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		Phon	ne #:
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Street	City	State	Zip

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

Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item	, or Case No.
l wish to speak before the <u>८३</u>	Name of City Agency, Department, Committee o	r Council	
	oublic comment, or to speak for or against a propo	() Again	oposal st proposal ral comments
	on: Harbor Association of Indu		2
	esia Blod. Stel Cestitos		03
•	S-2210 Representing:		
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date 5/8/2013	THE CITY COUNCIL DECORUM WILL BI		Council File N	o., Agenda Item, or Case No. ವಿ 1 ೧
I wish to speak before the	Name of City Agency, Depart	artment, Committee or 0	Council	
Do you wish to provide general pub	lic comment, or to speak f	or or against a proposa	I on the agend	a? (For proposal
Name: Elizabeth War				() Against proposal () General comments
Business or Organization Affiliation:	Future Ports			
Address: Barth 77, P7-A	Ports O'Call	in Pedro	C A State	90731 Zip
Business phone: (310) 982-	1323 Representing:			
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PR	OVIDE CLIENT INFOR	RMATION BEL	.ow:
Client Name:				Phone #:
Client Address:				
Street		ity	State	Zip

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

Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before theNar	<u>Cວພດ ເ. ໄ</u> ne of City Agency, Department, Committee o	r Council	
Do you wish to provide general public	comment, or to speak for or against a propos	sal on the agend	la? (For proposal
Name: Louis Domingue	2.		() Against proposal () General comments
Business or Organization Affiliation:			
Address: 845 W. 30 th St.	San Pedro City	C A State	<u></u> へっつき\ Zip
Business phone: (310)547 -41	45 Representing:		
CHECK HERE IF YOU ARE A PAII	D SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEI	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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

LXOEF1 10 1	HE EXILIT NEOLOGA	in i on me i neolbina or i	IOMIT TO GALL OF	511 100
Date	THE CITY C	OUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
5/8/2013	DECORUM	WILL BE ENFORCED.	9 and	1 10
I wish to speak before the				
	Name of City Agen	cy, Department, Committee o	or Council	/
Do you wish to provide general p	public comment, or to	speak for or against a propo	osal on the agenda	? () For proposal () Against proposal
Name: Michele Grub	. 22			() General comments
Business or Organization Affiliati	on: Pacific M	erchant Shipping	Association	
Address: <u>300 Ocean a</u> Street	ate 12# F1	Long Beach	C.A. State	<u>⊘\0}02</u> Zip
Business phone: (562)432	4540 Represer	ntina:		
CHECK HERE IF YOU ARE A	•			
Client Name:			F	Phone #:
Client Address:		<u>-</u>		
Street		City	State	Zip

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

Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the(ity Council		
	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda	a? (/) For proposal () Against proposal
	MIKEC		() General comments
Business or Organization Affiliat	on:		
Address: 1370 W 12	San Pedro City	<u>CA</u>	90731
	2 ~ 6255 Representing:		•
	A PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:			Phone #:
Client Address:			

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Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theC	Name of City Agency, Department, Committee	or Council
	ublic comment, or to speak for or against a prop	() Against proposal
Pusiness or Organization Affiliatio	n.	
Business phone (562) 453 - 4	Francisco Au Long Reads City Peads Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

13-0295

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Date	THE CITY COUNC	IL'S RULES OF	Council File No.	, Agenda Item, or Case No.
7/8/13	DECORUM WILL	BE ENFORCED.	9+	16
I wish to speak before the	Name of City Agency, De	partment, Committee	or Council	
Do you wish to provide general	public comment, or to speak	c for or against a prop	oosal on the agenda	PAFor proposal () Against proposal
Name:	055			() General comments
Business or Organization Affiliati	ion: She	zetnetal u	w lers	
Address: Street	Pargmant	Blud Lak	e need (A	90717
Business phone: Street		City	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT IN	FORMATION BELC	w:
Client Name:			P	hone #:
Client Address:Street		Citv	State	Zip

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Date 5/8/13	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
\sim	public comment, or to speak for or against a proposi	•
Business or Organization Affiliati	4	
311661	Pava mant Blud Lake 1200	State Zip
Business phone: 567479	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 5/5/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	City Council		<i>(' ()</i>
	Name of C(ty Agency, Department, Committee or	Council	ø
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the ager	nda? (For proposal () Against proposal () General comments
Business or Organization Affiliati			
Address: Street	Parament Blud La	Ke neod	A 907/2
Business phone: SG2471-9	34. Representing:		r
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BI	ELOW:
Client Name:			_ Phone #:
Client Address:	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agen	da Item, or Case No.
5/8/2013	DECORUM WILL BE ENFORCED.	9 and 1	อ
I wish to speak before the	ty Council		
	Name of City Agency, Department, Committed	e or Council	
Do you wish to provide general	public comment, or to speak for or against a pro	posal on the agenda?() ()	Against proposal
Name: Peter Santillia	an :	()	General comments
Business or Organization Affiliati	ion: Building Trades		
Address: 3919 Param Street	nount Blud. Lakewood	C.A	Zip
Business phone: (562)421-	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT II		
Client Name:		Phone	#:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S R	ULES OF	Council File No.,	Agenda Item, or Case No.
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I wish to speak before the <u>Cit</u>	Name of City Agency, Departme	ent Committee or	Council	
	Marile of City Agency, Departme	int, Committee or	Council	
	public comment, or to speak for or			() For proposal () Against proposal () General comments
Name: Fran Inman	·			() General comments
Business or Organization Affiliati	on: <u>California Transp</u>	ortation.	Commission	
Address: 1416 Pecris	o P1: Los	Agries	C A State	<u>90023</u> Zip
Business phone: (323) 26	<u>、一つない</u> Representing:			
	A PAID SPEAKER AND PROVID			w:
Client Name:			Ph	none #:
Client Address:			-	
Street	City		State	Zip

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Date 5/8/13		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the		uncl cy, Department, Committee	e or Council	
Do you wish to provide general p	ublic comment, or to	speak for or against a pro	posal on the agenda	? (For proposal
Name: Dan Wit	zling.	IE LA		() Against proposal () General comments
Business or Organization Affiliation	on: BREATH	E LA		
Address: Street	8 Wildre Blul	LA	CA	90036
Street Business phone: 323 735 5	Represer	City nting:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CLIENT IN	NFORMATION BELO	ow:
Client Name:		_	F	Phone #:
Client Address:		City	State	Zip

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Date 5/8/2013	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	ee or Council
	oublic comment, or to speak for or against a pro	() Against proposal
Business or Organization Affiliati	on: Los Angeles Area Chambe	Ch 90017
	City City	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT I	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date \$ 1913	THE CITY COUNCIL'S F		Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departme	ent, Committee or Co	ouncil	
Do you wish to provide general Name:	public comment, or to speak for or	against a proposal o	on the agenda	A? (V) For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Ibaw 80			
Address: 297 6. Street	Marenge Ava.	Carson 1	State	76145 Zip
Business phone:	Representing: 🏂			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	E CLIENT INFORM	NATION BEL	ow:
Client Name:				Phone #:
Client Address:	City		State	Zip

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

Date 5/8/2013	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	3 3.	File No., Agenda Item, or Case No.
I wish to speak before the	ty Council Name of City Agency, Department, C	Committee or Council	
	ublic comment, or to speak for or agai		genda?()For proposal () Against proposal () General comments
	Durazo		
	on: LA County Federation M. Wood Blud Los City		
	City Starting:		•
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 5/8/2013:	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
I wish to speak before theCi	Name of City Agency, Department, Committee o	or Council	
	oublic comment, or to speak for or against a propo	sal on the agenda? () For proposal) Against proposal) General comments
•			,
	on: LA/Orange Counties Build:		
_	Stud. Los Angelos City 3 4222 Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:		Phone	e #:
Client Address:Street	City	State	Zip

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Date		COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the		ncy, Department, Committee	ee or gouncil	170
Do you wish to provide general	, ,	o speak for or against a pro	oposal on the agenda?	() Against proposal
Name: Koher + Business or Organization Affiliati	ion: KAOWA NAMON	Isadore Hul		() General comments
Address: 2200 W.	ARTESTA	CAMPTON	CA- State	90000 Zip
Business phone: 310 -223	<u>3 ~/∂o /</u> Represe	nting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT I	NFORMATION BELO	w:
Client Name:			P	hone #:
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.
5/8/2013	DECORUM WILL BE ENFORCED.	9 and 10
I wish to speak before theC		
•	Name of City Agency, Department, Committee o	r Council
	public comment, or to speak for or against a propo	Against proposal
Business or Organization Affiliation		
Address: 23F9 SA	en Francisco Ana. Long Peace	L 90506
Business phone: (SG2) 453-	City Representing:	State Z _I p
	A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File N	lo., Agenda Item, or Case No.
5/8/2013	DECORUM WILL BE ENFORCED.	a an	4 10
wish to speak before the	ity Council	n Co	
	Name of City Agency, Department, Committee o		_
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agend	a? (X) For proposal () Against proposal
Name: Mike Ford			() General comments
Business or Organization Affiliati	on:		
Address: 1956 Fashion	Ave. Long Beach	<u>C A</u>	90810 Zin
•	- १५७५ Representing:		Z.Ip
	A PAID SPEAKER AND PROVIDE CLIENT INFO		OW:
CHECK HERE II 100 ARE /	A PAID SPEAKER AND PROVIDE CEILIVE IN	JAMARION BEI	_O 8%.
Client Name:			Phone #:
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Date	THE CITY COUI	NCIL'S RULE	S OF	Council File No	o., Agenda Item, or Case No.
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I wish to speak before the(City Council				
	Name of City Agency, I	Department, C	ommittee or Cour	ncil	
Do you wish to provide general	public comment, or to spe	ak for or agai	nst a proposal on	the agenda	a? (X) For proposal () Against proposal
Name: Tray Rafter	,				() General comments
Business or Organization Affiliat	1				
Address: 1000 N. Al	ameda St. Ste	240 Lo	Lalagent c	<u>C</u> ★ State	90012 Zip
Business phone: (213) 346	-3292 Representing	J:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE C	LIENT INFORMA	TION BEL	ow:
Client Name:					Phone #:
Client Address:		<u></u>			
Street		City		State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5-8-13	DECORUM WILL BE ENFORCED.	9410
I wish to speak before the	City Councel	
	Name of City Agency, Department, Committee or	Council
Do you wish to provide general p	oublic comment, or to speak for or against a propos	
Name: Socl C.	Thurwachter	() Against proposal () General comments
Business or Organization Affiliati	on: <u>IUO, E</u> , 12	
Address: /SJE,	Corsonst, Porsodand	Cr .
Business phone: 6d6-292-8	89০০ Representing: ত কিনে নিজু <i>হি</i>	ng incins hours / L-
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 5/8/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		io., 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 prop	osal on the agend	a? (X) For proposal
Name: Carol Schat	2		(`) Against proposal () General comments
Business or Organization Affiliati	ion: Central City Association		
	Blud. Ste 200 Los Angeles		900 17 Zip
Business phone: <u>(213) 62</u>	<u>५ - १२५३</u> Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	ORMATION BEI	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 5/8/2013	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 propo	osal on the agenda? 🏹 For proposal
Name:	Doug Arsonault	() Against proposal () General comments
Business or Organization Affiliation	on: Valley Inclustry and Com	merce Association (VICA)
Address: S121 Vom Num Street	15 Blud. Sherman Onks	CA 91403 State Zip
Business phone: (818) 31	า-อร <u>ี</u> Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 5 8 1 3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theNa	しないたで、 me of City Agency, Department, Committee or (Council
Do you wish to provide general public Name: David Poff	comment, or to speak for or against a proposa	Il on the agenda? () For proposal (*) Against proposal () General comments
Business or Organization Affiliation:	WRDC	
Address: 1314 2 to Street	teet Sank Monice,	State Zip
Business phone: 3(0 4)4 2300	Representing: NRDC, GAST	Yards, CCA
CHECK HERE IF YOU ARE A PAI	ID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Address:		Phone #:
Street	City	State Zip

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Date $S(8)$ 3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee or Council Counci	9+1	Agenda Item, or Case No.
Do you wish to provide general I	public comment, or to speak for or against a proposa	l on the agenda?	() For proposal () Against proposal
Name: Mayor ti	m Lear		() General comments
Business or Organization Affiliati	on: City of Carron		
Address: 70 E	on: City of Carson, (A	9074 State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	w:
Client Name:		P	none #:
Client Address:			
Street	City	State	Zip