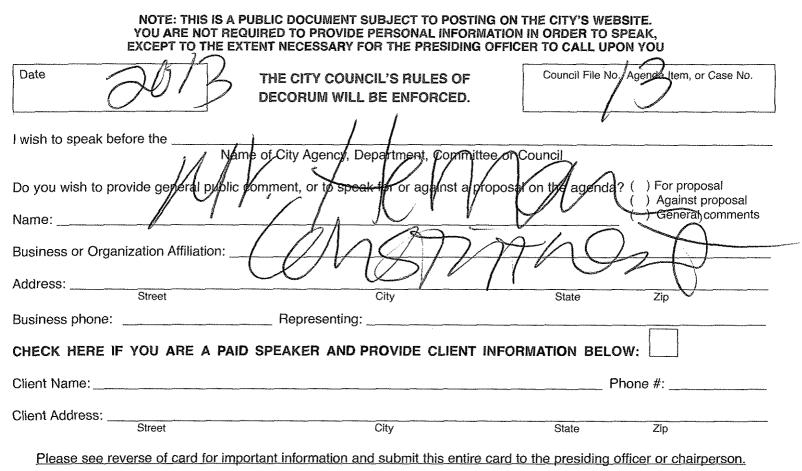
YOU ARE NOT	A PUBLIC DOCUMENT SUBJECT TO POSTING O REQUIRED TO PROVIDE PERSONAL INFORMATIC EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,	
Date 9-12-13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case	No.
I wish to speak before the	Name of City Agency, Department, Committee o	13	-0903	
Name:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Address:Street	City	State	Zip	
	Representing:		······································	
CHECK HERE IF YOU ARE A F	AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:	
Client Name:		PI	none #:	
Client Address:	City	State	Zip	
Please see reverse of card for	important information and submit this entire card	I to the presiding o	fficer or chairperso	<u>n.</u>



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NOTE: THIS YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING (T REQUIRED TO PROVIDE PERSONAL INFORMAT HE EXTENT NECESSARY FOR THE PRESIDING OF	ON THE CITY'S WEB	SITE. PEAK,
Date 9-17-2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No. ♪ろ
I wish to speak before the	City Council	1	3-0903
Name: <u>Lawra</u> Business or Organization Affiliation Address: <u>1919</u> Street Business phone: <u>323</u> 72	Grandercy P Los Av 37-6/ Representing:	osal on the agenda' Se Asso t Geles C State	() Against proposal () General comments A 200/8
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF		W: []
Client Address:	City	State	Zip
Please see reverse of card for	r important information and submit this entire car	d to the presiding c	fficer 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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. GTM COUNCIL 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 OB GLUSHON General comments Name: Business or Organization Affiliation: Address: 16255 VENTURA BLD #1016 ENCINO CA City State Zip Business phone: _____ Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: _____ Phone #: Client Name: Client Address: State Street Zip

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

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTI T REQUIRED TO PROVIDE PERSONAL INFORM HE EXTENT NECESSARY FOR THE PRESIDING	AATION IN ORDER TO	D SPEAK,	
Date 9/17/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No. 9903	
I wish to speak before the	TTY COUNCIL		#13	
	Name of City Agency, Department, Committ	tee or Council		
Do you wish to provide general p	wblic comment, or to speak for or against a p	roposal on the agen	 Against proposal 	
Name: MAH	YS		() General comments	
Business or Organization Affiliation	on: A.D.H.O.C.			
Address: 2326	SCANFE ST. M	F CA State	90007	
Business phone: 213747-				
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE		
Client Name:		***************************************	Phone #:	
Client Address:				
Street	City	State	Zip	
Please see reverse of card for	or important information and submit this entire	card to the presidin	g officer or chairperson.	

YOU ARE NO	T REQUIRED TO PROVID	E PERSONAL INFORM	IG ON THE CITY'S WEBSI IATION IN ORDER TO SPI OFFICER TO CALL UPON	EAK,		
Date 17/2013		NCIL'S RULES OF L BE ENFORCED.	Council File No., A	Council File No., Agenda Item, or Case No.		
I wish to speak before the	TTY COU	Var	H.	B		
Do you wish to provide general p Name: TEAN F Business or Organization Affiliation Address: 2341 SCAM	ROST M. W.A. F			() For proposal () Against proposal () General comments		
Business phone: 23.742		City	State	Zip		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT	NFORMATION BELOW	/:		
Client Name:			Pho	one #:		
Client Address:Street		City	State	Zip		
Please see reverse of card for	r important information a	nd submit this entire	card to the presiding offi	icer or chairperson.		