CITY)F LOS ANGELES SPEAKER ARD



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 8/27/2013 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File | No., Agenda Item or Case No. |
|--------------------------------------|---|---------------------------------------|------------------------------|
| 0/1/2013 | | 13-09 | 53 |
| I wish to speak before the <u>Ih</u> | novation, Tecthology AND Ger Name of City Agency, Department, Committee or (| N'L SER | orces Committee |
| | Name of City Agency, Department, Committee or C | Council | |
| | ublic comment, or to speak for or against a proposa | I on the agend | (山 Against proposal |
| Name: <u>Shane Gre</u> | RORY | | () General comments |
| Business or Organization Affiliatio | n: NIA | | |
| Address: | VALLEY VILLAGI | ECA | 91607 |
| Address:Street | VALEY VILLAGO | State | Zip |
| Business phone: | Representing: | | |
| · | PAID SPEAKER AND PROVIDE CLIENT INFOF | 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 to the presiding officer or chairperson.

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| Date 8127 P | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agen | da Item, or Case No. | | | |
|--|---|------------------------|--------------------------------------|--|--|--|
| | e of City Agency, Department, Committee o | | TtG | | | |
| Do you wish to provide general public of | comment, or to speak for or against a propo | sal on the agenda? () | For proposal | | | |
| Name: KEVIN M | • | | Against proposal General comments | | | |
| Business or Organization Affiliation: | CHIZBY | | | | | |
| Address: 1800) CAMOFE | JAVE #209 LA | -90025 | 2 | | | |
| Business phone: 3(0-7802) | SGRepresenting: MESM | LPOLICY 1 | NSTITUTU NSTITUTU | | | |
| 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 27-13 | 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 | ty Corneil, Commit | tu. | LT+G | | | |
| | Name of City Agency, Department, Committee or C | Council | | | | |
| Do you wish to provide general p | ublic comment, or to speak for or against a proposa | l on the agend | a?()For proposal () Against proposal () General comments | | | |
| · · · · · · · · · · · · · · · · · · · | A A | | - | | | |
| Business or Organization Affiliation | on: Celler | | | | | |
| Address: 738 5, G | Rapel Eure # 14 A/A | amora | Ca 918,01 | | | |
| Business phone: $323 - 80$ | 4-9533 Representing: ML - EMR | $-\rho_0/i$ c | 1 1stitle | | | |
| 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.