Date - / 3 / 4	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Suncilo Jame of City Agency, Department, Comm	ittee or Council	
A Comment of the comm	lic comment, or to speak for or against a		? () For proposal () Against proposal () General comments
Business or Organization Affiliation:			
Address:Street	City	State	Zip
	Representing:	State	ZIP
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	ow:
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.

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Date 7/30/2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	COUNCIL	
	Name of City Agency, Department, Committee	or Council
	I public comment, or to speak for or against a propo	osal on the agenda? () For proposal () Against proposal General comments
Name: MATTHEW	JA COBS	General comments
Business or Organization Affilia	ation: BULLDOG PTAS	
Address: 733 /	V. CAMER AV City	90046 State Zip
	2015 Representing: 555	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 67 / 30 / 2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	., Agenda Item, or Case No.
I wish to speak before the	\ (0\\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ttee or Council	
Name: Allicon Jay	ublic comment, or to speak for or against a		Proposal (Against proposal (General comments
Business or Organization Affiliation	on: Modative, Inc.		
Address: 3221 Hutchica A	Ave. svite6 Los Angeles	CA State	90034 Zip
Business phone: 310.526.	7826 th Representing: SH		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD FOR RECORD ONLY

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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., Agenda Item, or Case No.
7/30/14	DECORUM WILL BE ENFORCED.	20
wish to speak before the	my County	
	Name of City Agency, Department, Committee	or Council
Do you wish to provide general pul	blic comment, or to speak for or against a propo	osal on the agenda? () For proposal
1 17		() Against proposal () General comments
Name: FAMIN KOL	AHI	(*) General comments
Business or Organization Affiliation	:	
Address: 1130 < Bar	very De # 500 los Ans	545, (A 900)5 State Zip
	Representing:	
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 7/30/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Council		
	Name of City Agency, Department, Committe	e or Council	
Name: Jeff Farr	ation: 4Site Real Estate	oposal on the agenda?	() For proposal★) Against proposal() General comments
Address 1619 Tew	Iple St., LA, CA 90026 City		
Street	City	State	Zip
Business phone: 818,726	. 식장(장 Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOV	w:
Client Name:		Ph	one #:
Client Address:			
Street	City	State	Zip

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JULY 30 20/4	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 13-1478 # 20
I wish to speak before the	179 COUNCIL	
	Name of City Agency, Department, Committee	or Council
Do you wish to provide general provide genera	ublic comment, or to speak for or against a prop	osal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliatio	on: SOUTH HOLLY WOOD NE	154 BONHOOD ASSOC
Address: 845 N MCC	ADDEN PL LA	CA 90838
0.1001	City Representing: 50 55/1 4/612	State Zip - YNOOD N.A.
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zin

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Date 7/30/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	CF 13-	1478
	public comment, or to speak for or against a propos	al on the agend	a? (
Business or Organization Affiliati Address: Street	BOY 93590 10	NC	90093
Business phone: 310 28/	1-762 SRepresenting:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	.ow:
Client Name:			Phone #:
Client Address:	City	State	Zip

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#20

7-30-19		COUNCIL'S RULE I WILL BE ENFOR			3 - 1478
I wish to speak before the		councy, Department,		Council	
Do you wish to provide general p	public comment, or	to speak for or aga	inst a proposal	on the agenda	
Name: GEORGE	ABRAH	AMS			() Against proposal () General comments
Business or Organization Affiliati	on: ARLYLE	CIVIC &	BOACHOO!	CANYON	NGILHBONNOOD ASSOCIATIONS
Address: 3/50 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	UNAUD	Dr C,	1	90068	
Street Business phone:		City		State	Zip
CHECK HERE IF YOU ARE A				MATION BELO	ow:
Client Name:				P	hone #:
Client Address:					
Street		City		State	Zip

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Date 7-30-14		THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak befo	ore the	Ty COUNCIL		
	Name	of City Agency, Department, Committee	or Council	
Name:/				() General comments
Business or Organiz	zation Affiliation: 5/4	THERMAN DAYES City	OR HOOD CE	NOIL
Address:PO	B005721	THERMAN OMES	CA	91413
	Street	City	State	Zip
		Representing:		
CHECK HERE IF	YOU ARE A PAID S	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:				
	Street	City	State	Zin

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Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
And 30 A 2014	DECORUM WILL BE ENFORCED.		20
I wish to speak before the	City Commel		
	Name of City Algency, Department, Committee	or Council	
	ablic comment, or to speak for or against a propo	_	/ \ \ \
Name:	fareia		() General comments
Business or Organization Affiliation	Jarcia 1: Mrd Your North Kolly	wood Neigh	Inhood Courie
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date July 2 I wish to speak be		THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. e of City Agency, Department, Committee or City Agency, Department, City Agency, Department, City Agency, Department, City Agency, C	2	, Agenda Item, or Case No.
Do you wish to pro	ovide general public co	omment, or to speak for or against a proposa	I on the agenda?	? (🗽 For proposal
Name:	arbor	a nance		() Against proposal() General comments
Business or Organ	ization Affiliation:	(
Address:				
-	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	w:
Client Name:			PI	hone #:
Client Address:				
	Street	City	State	Zip

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Date	THE CITY CO	UNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
07/30/14	DECORUM W	ILL BE ENFORCED.	ITEM	20
wish to speak before the	GITT COUR	2616		
	Name of City Agency	, Department, Committe	e or Council	
Do you wish to provide general	public comment, or to s	peak for or against a pro	posal on the agenda?	() For proposal
Name: MATT FOS	5			(Against proposal() General comments
Business or Organization Affilia				
Address: 1374 Eo4	swiffs D	K U	CA	90026
Business phone:		Oity	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIENT IN	NFORMATION BELOV	N:
Client Name:			Ph	one #:
Client Address:				
Street		City	State	Zip

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Date 7/30/14	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	e or Council	
Do you wish to provide general	I public comment, or to speak for or against a pro	oposal on the agenda	a? (). For proposal
Name:	Wagne Brom Enc		Against proposal General comments
Business or Organization Affilia	ation: KABC T. V. A	sian tV	
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	7in