	CITY OF LOS	ANGELES SPEAKE	R CARD	
YOU ARE NO	T REQUIRED TO PRO	IENT SUBJECT TO POSTING C DVIDE PERSONAL INFORMATI ARY FOR THE PRESIDING OFF	ON IN ORDER TO SI	PEAK,
Date 10-720-14		COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Los Ange Name of City Ager	hes City Cource!	or Council	
Do you wish to provide general p Name:	Ordeña	ina		 ? () For proposal () Against proposal , General comments
Business or Organization Affiliation				
Address: <u>3729 Los Fc</u>	172 B ud. 14	Los Angeles	State	<u>90-027</u>
Business phone:	Represe	enting:		
CHECK HERE IF YOU ARE A			ORMATION BELO	w:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip
Please see reverse of card f	or important informa	tion and submit this entire car	d to the presiding of	officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT SU YOU ARE NOT REQUIRED TO PROVIDE F EXCEPT TO THE EXTENT NECESSARY FO	ERSONAL INFORMATION IN	ORDER TO SPEAK,	thy
Date THE CITY COUNC VO, ZO, ZOA DECORUM WILL E	IL O HOLLO OI	Council File No., Agenda	Item, or Case No.
I wish to speak before the	Dartment, Covernative or dou	Incil	
Do you wish to provide general public comment, or to speak Name:	\mathcal{O}	n the agenda? () Fo	or proposal gainst proposal General comments
Address: 1600 Montanty Ro	City	State Zi	<u>d</u> Ç
Business phone: 90000260 Representing:	10GP	State Zi	P /
CHECK HERE IF YOU ARE A PAID SPEAKER AND P	ROVIDE CLIENT INFORM	ATION BELOW:	
Client Name:		Phone #	:
Client Address:Street	City	State Zi	ip
Please see reverse of card for important information and	submit this entire card to th	ne presiding officer o	or chairperson.

YOU ARE NOT REQU	IBLIC DOCUMENT SUBJECT TO POSTING ON JIRED TO PROVIDE PERSONAL INFORMATION ENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO	SPEAK,	4
Date 10/20/2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item	, or Case No.
I wish to speak before the A P	HAR e of City Agency, Department, Committee or	Council		<u></u>
Do you wish to provide general public c Name: <u>Simone</u>	omment or to speak for or against a propose	al on the agenc	() Again	oposał st proposal ral comments
Business or Organization Affiliation:				
Address: <u>863</u>	Obout MAn City	LA State	Zip	90046
Business phone: 917 55 3155				
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	
Business phone: <u>911 \$\$ 93155</u> CHECK HERE IF YOU ARE A PAID Client Name: Client Address: Street	Representing:	RMATION BE	Phone #: Zip	

	PUBLIC DOCUMENT SUBJECT TO POSTING O QUIRED TO PROVIDE PERSONAL INFORMATI TENT NECESSARY FOR THE PRESIDING OFI	ION IN ORDER TO SPEAK,	
Date 0 ct, 20, 2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or C	Case No.
	PHAR ne of City Agency, Department, Committee	or Council	
Do you wish to provide general public	comment, or to speak for or against a propo	osal on the agenda? (TFor propos	al
Name: Janet Car	per	() Against pr () General co	omments
Business or Organization Affiliation:	CLAW		
Address: P.O. Box 50	0003, Studio City, LA	91614 State Zip	
Business phone:			
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
Please see reverse of card for imp	portant information and submit this entire ca	rd to the presiding officer or chairp	erson.

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING O T REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SPEAK,
Date 10-20-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $\frac{44}{44}$
I wish to speak before the	APHAR Name of City Agency, Department, Committee of	13-1580 r Council
	public comment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: <u>FRFC Br</u>	ARKALOW AVENCE	(\checkmark) General comments
Address:3940	ION: BARK AVENCE F LAURELCIN #1506 Studio	City CA 91604
	City 9 8092 Representing: M15ELF, E	
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 car	d to the presiding officer or chairperson.

YOU ARE NOT	A PUBLIC DOCUMENT SUBJECT TO POSTING O REQUIRED TO PROVIDE PERSONAL INFORMATI EXTENT NECESSARY FOR THE PRESIDING OFI	ON IN ORDER TO SPEAK, Hri
Date (0 - 76-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	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 () Against proposal
Name: Laura How	R	() Against proposal
Business or Organization Affiliation	Frinds of Griffin	htert
Address: 400	Edydatter Dr. LosAr	State Zip
Business phone: 323-668	P AB Representing:	<u> </u>
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip
	the second s	

YOU ARE NO	T REQUIRED TO	CUMENT SUBJECT PROVIDE PERSON/ ESSARY FOR THE P	AL INFORMATION	IN ORDER TO	O SPEAK, 1)	
Date	THE CI	TY COUNCIL'S RU	LES OF	Council File	No., Agenda Item, or Ca	ise No.
10-20-2014	DECOR	IUM WILL BE ENFO	ORCED.	13-	550	
I wish to speak before the	APHI	15				
	Name of City /	Agency, Departmen	i, Committee or (Council		
Do you wish to provide general	public comment,	or to speak for or a	gainst a proposa	I on the agen	ida?()For proposa	d .
Name: Cathy Sch	odring her				() Against pro () General cor	
Business or Organization Affiliati	on: Natio	not Park Se	Nee.			
Address:	rest Dra	Thorsent	Jeka	CA	91360	
Business phone: (5)3+C-2						
CHECK HERE IF YOU ARE						
Client Name:					_ Phone #:	
Client Address:Street		City		State	Zip	
Please see reverse of card	or important info		this entire card			rson.

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTI YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORI EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING	MATION IN ORDER TO SPEAK, H
Date 102014 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Arts, Parks, Health, Amn Name of City Agency, Department, Commit	a <u>Recreation</u> Committee
Do you wish to provide general public comment, or to speak for or against a p Name: Kelsey Eberly Business or Organization Affiliation: AniMal Legal Defe	oroposal on the agenda? () For proposal () Against proposal () General comments
Address: 2013 Vista del Mar Ave - Los Angel Street City	es CA 90068 State Zip
Business phone: 609-744-4355 Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:	Phone #:
Client Address: Street City	State Zip

YOU ARE NOT REQUIR	LIC DOCUMENT SUBJECT TO POSTING ON RED TO PROVIDE PERSONAL INFORMATION IT NECESSARY FOR THE PRESIDING OFFIC	I IN ORDER TO SPI	EAK,
	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	AR Scity Agency Department Committee or (Council	
Name	of City Agency, Department, Committee or (Jouncii	
Do you wish to provide general public com Name:	nment, or to speak for or against a proposa	I on the agenda?	 For proposal Against proposal General comments
Business or Organization Affiliation:			
Address: 7524 Rid pc	th DRIVE L-F	State	Y V Zip
Business phone: 30-127-9-144	Representing:		
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	N:
Client Name:		Ph	one #:
Client Address:			
Street	City	State	Zip
Disease and reverse of sourd for increase			Constant and a first start start

YOU ARE NOT REQU	BLIC DOCUMENT SUBJECT TO POSTI IRED TO PROVIDE PERSONAL INFOR INT NECESSARY FOR THE PRESIDING	MATION IN ORDER TO	SPEAK,	
10-20-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	13-15	o., Agenda Item, or Case No.	
I wish to speak before the Name	of City Agency, Department, Commit	funks - and tee or Council	aging	
Do you wish to provide general public co	mment, or to speak for or against a p	proposal on the agenda	a? () For proposal	
Name: Thereau Brad	X		() Against proposal() General comments	
Name: There Bred Business or Organization Affiliation:	'epulveder Basin l	Vildlife a	rea steer Comi	te
Address:Street	City	State	Zip	
Business phone:			•	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT	INFORMATION BEL	.ow:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	
Please see reverse of card for impor	rtant information and submit this entir	e card 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	
Data 20 20 // THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	No.
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 Name:	
Business or Organization Affiliation: <u>Fill FETTO</u> Address: <u>P.O. Box 336</u> <u>La Canada</u> <u>A 91012</u> City State Zip	
Business phone 33 51 5-37 Brapresenting:	
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 chairperso	n.

	IS A PUBLIC DOCUMENT SUBJECT TO POSTIN T REQUIRED TO PROVIDE PERSONAL INFORM HE EXTENT NECESSARY FOR THE PRESIDING	
od120114	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	APHAR Name of City Agency, Department, Committed	tee or Council
	ublic comment, or to speak for or against a p	
Name:ONU	[UCCI	(General comments
Business or Organization Affiliation	TUCCI Citizens For Los Angeles	Wildlife CLAW
Address: PO	Box 50003 City	Studio Gry 91614 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	or important information and submit this entire	e card 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					
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.			
OET 20, Day	DECORUM WILL BE ENFORCED.	13-1580			
I wish to speak before the	APAR Commi	TTEE			
I wish to speak before the A PARC CommitTee 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? (A For proposal					
Name: KIAN SC	HOLMAN	() Against proposal () General comments			
Business or Organization Affiliation:	POISON Free	MIRCIBU			
Business or Organization Affiliation:	ins MaliBU	Q70. 40265			
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.					

NOTE: THIS IS A PUBLIC DOCUMEN YOU ARE NOT REQUIRED TO PROVI EXCEPT TO THE EXTENT NECESSAR	DE PERSONAL INFOR	MATION IN ORDER TO S	PEAK.		
	UNCIL'S RULES OF ILL BE ENFORCED.	Council File No. 13 - 15 2	, Agenda Item, or Case No.		
I wish to speak before the APAR					
Name of City Agency	, Department, Commit	tee or Council			
Do you wish to provide general public comment, or to specific series Name:	peak for or against a p	proposal on the agenda?	 ? () For proposal () Against proposal () General comments 		
Business or Organization Affiliation:) (CITIZEAS	For Los ANC	eles wildlife		
Business or Organization Affiliation: <u>CLAU</u> Address: <u>P.O. Box</u> 50003 Street	STUDIOC	<u>17 916h</u> State) Zip		
Business phone: Representi		1 01110	P		
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 for important information	n and submit this entir	e card to the presiding (officer or chairperson.		

YOU ARE NOT	A PUBLIC DOCUMENT SUBJECT TO POSTING REQUIRED TO PROVIDE PERSONAL INFORMAT E EXTENT NECESSARY FOR THE PRESIDING OF	TION IN ORDER TO SPEAK,			
Date, 4 Zo 14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case I 13 - 1580	No.		
I wish to speak before the	PHAR Name of City Agency, Department, Committee	e or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal					
Name: Alison Sin	narco	() Against propos () General comm			
Business or Organization Affiliation	: Citizens for Los Angele	» Wildlife (CLA	w)		
Address: <u>FO Box 50</u>	203 Studio Cita	9 51614 State Zip			
Business phone: 3234458	402 Representing:				
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:			
Client Name:		Phone #:			
Client Address:Street	City	State Zip			
Please see reverse of card for	important information and submit this entire ca	ard to the presiding officer or chairperso	n.		

YOU ARE NOT REQUIRED	DOCUMENT SUBJECT TO POSTING O TO PROVIDE PERSONAL INFORMATION NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
10/20/14 DEC	CITY COUNCIL'S RULES OF CORUM WILL BE ENFORCED.	iver Conni Ja	, Agenda Item, or Case No. 4 3e (3 - 1580
Do you wish to provide general public common Name: $A_{n} < re \qquad Do y /a$ Business or Organization Affiliation: N	ent, or to speak for or against a propo	sal on the agenda'	 ? (/) For proposal () Against proposal () General comments
Address: <u>308 E 9 H S/.</u>	Los Angles	CA State	90015 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPE	AKER AND PROVIDE CLIENT INF	ORMATION BELC	ow:
Client Name:		P	hone #:
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