CITY OF LOS ANGELES SPEAKER CARD 3-1724			
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 Murch 15, 2016 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. 13-1724			
wish to speak before the LOS ANGERS City Carrie			
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 Jame:			
Address: 1933 Hill NUNSI Are. LA, CA 9002-F			
Business phone: 323-741-009 Representing: BUSINGS COMMULLA 9 Los File			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Dient Name: Phone #:			
Street City State Zip			

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

CIT	Y OF LOS ANGELES SPEAKER C	ARD
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Date / /	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
3/15/16	DECORUM WILL BE ENFORCED.	13-1724 CD4,13
I wish to speak before the	CITY COUNCIL	
	ame of City Agency, Department, Committee or Co	uncil
Name: CHRIS SE	Comment, or to speak for or against a proposal of AAAD LOS FELIZ VILLALE	() Against proposal () General comments
	2980 L.A City	
Business phone:	Representing: US FELIZ	VILLAGE BID
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 im	portant information and submit this entire card to t	the presiding officer or chairperson.

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Date 315 Jon 6 THE CITY COUNCIL DECORUM WILL BE		Council File No., Age	anda Item, or Case No.
I wish to speak before the	transit Committee or C		
Name of City Agency, Depa	riment, Committee of Co	ouncii	
Do you wish to provide general public comment, or to speak for Name: <u>IOAN</u> ABRON	or or against a proposal	on the agenda?(() For proposal) Against proposal) General comments
Business or Organization Affiliation: Las FOLIZ VILLAGE BAD			
Address: P.O. Box 2980 1	-of	CA	90029
Business phone: Representing:	OS FOLIZ	VillAgo	B/D
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phon	e #:
Client Address:Ci	ity	State	Zip
Please see reverse of card for important information and s	ubmit this entire card to	the presiding office	er or chairperson.

CITY OF LOS ANGELES SPEAKER CARD			
NOTE, THE			DITE
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Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
	DECORUM WILL BE ENFORCED.	13-172	F-CD+,13
I wish to speak before the			
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			
	on: Los Feliz BID		
Address: P.O. BOA 2	930 LA	Clat	92029
Street Business phone:	920 UA City Representing: 205 FeLiz	State V. Marge	BID
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire card	to the presiding o	fficer or chairperson

CITY OF LOS ANGELES SPEAKER CARD			
YOU ARE NOT REC	PUBLIC DOCUMENT SUBJECT TO POSTING ON QUIRED TO PROVIDE PERSONAL INFORMATION TENT NECESSARY FOR THE PRESIDING OFFIC	I IN ORDER TO	SPEAK,
Date	THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
31516	DECORUM WILL BE ENFORCED.	13-172	4 004.13
I wish to speak before the <u>City</u> Nan	Council ne of City Agency, Department, Committee or	Council	
Do you wish to provide general public	comment, or to speak for or against a proposa	I on the agenda	? (✗) For proposal
Name: RAFIK GHAZARIA	V		 Against proposal General comments
Business or Organization Affiliation:	os Feliz Village BiD		
Address: PO BOX 2981 Street	D LA	0A)	90029
Street Business phone: 323 371 -/ 51]	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		F	Phone #:
Client Address:			
Client Address:Street	City	State	Zip
Please see reverse of card for imp	ortant information and submit this entire card t	o the presiding	officer or chairperson

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Date 3/15/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 1750 + 3	
I wish to speak before theNam	e 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? (4) For proposal			
Name: CHRIS	\$1 Amont	() General comments	
Business or Organization Affiliation:	LEVBID		
Address: P.O. BOX	2980 City	-1A CA 20029	
	Representing: LEVB1		
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 impo	ortant information and submit this entire card	to the presiding officer or chairporson	