14-0174

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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 N | o., Agenda Item, or Case No. |
|------------------------------------|---|----------------|---|
| | DECORUM WILL BE ENFORCED. | *** | |
| A | - | | |
| I wish to speak before the | | | |
| | Name of City Agency, Department, Committee or | Council | |
| | public comment, or to speak for or against a propos | | a? () For proposal () Against proposal |
| Name: | 14 Z | | () General comments |
| Business or Organization Affiliati | ion: | April 1 | |
| Address:Street | | | |
| Street | City | State | Zip |
| Business phone: | Representing: | | · · · · · · · · · · · · · · · · · · · |
| · | A PAID SPEAKER AND PROVIDE CLIENT INFO | | |
| Client Name: | | | Phone #: |
| Client Address: | City | State | Zin |

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

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| | CAOLITIC HILL | AILMINECESCANTION THE FIRESIDING OF | FIGER 10 CALL OF | 014 100 |
|--------------------------------|--------------------|---|------------------|--|
| Date 5 | 73 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No | ., Agenda Item, or Case No. |
| I wish to speak befo | ore the | MY COUNCIL | | |
| · | Na | ame of City Agency, Department, Committee | or Council | |
| Do you wish to prov | vide general publi | c comment, or to speak for or against a prop WALSH | | ? () For proposal () Against proposal () General comments |
| Business or Organi Address: | (-A) | • | | |
| Add1655 | Street | City | State | Zip |
| Business phone: _ | | Representing: | | |
| CHECK HERE IF | YOU ARE A PA | ID SPEAKER AND PROVIDE CLIENT IN | FORMATION BELO | ow: |
| Client Name: | | | | Phone #: |
| Client Address: | Street | City | State | Zip |

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| Date | THE CITY COUNCIL'S RULES OF | Council File No., Ag | enda Item, or Case No. |
|----------------------------------|--|----------------------|------------------------|
| 5-23-14 | DECORUM WILL BE ENFORCED. | 18 | |
| I wish to speak before the | Corner | | |
| • | Name of City Agency, Department, Committee | or Council | |
| Do you wish to provide genera | al public comment, or to speak for or against a prop | (|) Against proposal |
| Name: | enico deus | (|) General comments |
| Business or Organization Affilia | ation: | | |
| Address: | R. Bersens | | |
| Address:Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INF | FORMATION BELOW: | |
| Client Name: | | Phor | ne #: |
| Client Address: | Citv | State | Zip |

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| Date | THE CITY COUNCIL'S RULES OF | Council File No., Agenda Item, or Case No. | |
|---|---|---|--|
| 5/22/11 | DECORUM WILL BE ENFORCED. | 14 | |
| 0123119 | | | |
| I wish to speak before the | Council | | |
| Name | of City Agency, Department, Committee or C | Council | |
| | | 100/15-1-1-1 | |
| Do you wish to provide general public co | mment, or to speak for or against a proposa | I on the agenda? (X) For proposal () Against proposal | |
| Name: Porto Donna J | senton | () General comments | |
| Business or Organization Affiliation: USC Family Chroniver Report Program | | | |
| Address: 3715 McClin | tock WA | CA 90089 | |
| Street | City | State Zip | |
| Business phone: (3) 405904 | Representing: WOLK Family | Coolition | |
| | | | |
| CHECK HERE IF YOU ARE A PAID | SPEAKER AND PROVIDE CLIENT INFOR | RMATION BELOW: | |
| | | | |
| Client Name: | | Phone #: | |
| Client Address: | | | |
| Street | City | State Zip | |

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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the City Council 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 () Against proposal () General comments Business or Organization Affiliation: By east feed LA Address: 12825 LA MANDA St. Shuman Village CA 91607 Street City State Zip Business phone: 310 87-4513 Representing: foud family Lear CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: State State Phone #: | | | |
|--|---------------------------------------|---|--|
| 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 () Against proposal () General comments Business or Organization Affiliation: Business or Organization Affiliati | 1 | | Council File No.; Agenda Item, or Case No. |
| 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 () General comments Business or Organization Affiliation: Shuman Village CA 9/607 State Zip Business phone: Ziv 84-4573 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: | • | | |
| Name: Glnww. Colum (*) Against proposal (*) General comments Business or Organization Affiliation: Byeast feed UA Address: 12825 UA MANDA St. Shuman Villag CA GIGOT Street Business phone: 31284-4573 Representing: Poud Family Lear CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: | N | ame of City Agency, Department, Committ | ee or Council |
| Address: 12825 UA MAIDA St. Shuman Village CA 91602 Street Street City State Zip Business phone: 31084-4573 Representing: foud Family Learn CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: | A . | | () Against proposal |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: | Business or Organization Affiliation: | Breastfeed LA | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: | Address: 12825 UA M | ALDA St. Sheman L | Mag CA 91602 |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: | Street Business phone: 30809-45 | City 7.3 Representing: Poud Fa | U State Zip UMCUY Lears |
| Client Address: | | | J |
| Client Address: | Client Name: | | Phone #: |
| | Client Address: | City | State 7ip |

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