

# CITY OF LOS ANGELES SPEAKER CARD

#6

14-0225

**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  
25 January 2015

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
14-0225

I wish to speak before the LA 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  
 General comments

Name: Jeff Samudio

Business or Organization Affiliation: Design Aid, Cultural Resource Management & Sustainable Design

Address: 11825 Major St Playa Vista, CA 90230  
Street City State Zip

Business phone: 323 972 6020 Representing: Property Owner

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: Rosalind Gains, Trustee Phone #: 805 381 2109

Client Address: 50 David Morrison Esq. Manfred Levine LLC  
Street City State Zip

# CITY OF LOS ANGELES SPEAKER CARD

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Date  
**1-23-15**

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
**SPECIAL 6**

**CC**

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  
( ) Against proposal  
( ) General comments

Name: **Juan Alcalá**

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

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Date  
1/23/15

**THE CITY COUNCIL'S RULES OF  
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
6

I wish to speak before the LA 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  
Name: David Mombou  General comments

Business or Organization Affiliation: Manfredi, Levine

Address: 3262 E. Thousand Oaks Blvd, Westlake Village, CA 91362  
Street City State Zip

Business phone: 805-379-1919 Representing: Owner of Habitat property

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: Rosalind Goins Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

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Date  
1/23/15

**THE CITY COUNCIL'S RULES OF  
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
6

I wish to speak before the LA 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
- General comments

Name: Rosalind Goms

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

**\*ONLY IF HEARING CALLED\***

**CITY OF LOS ANGELES SPEAKER CARD**

*I do not need to speak otherwise*

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Date JAN 23, 2015

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
14-0225 - Agenda #6

*Special*

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  
 General comments

Name: Laura Meyers

Business or Organization Affiliation: \_\_\_\_\_

Address: 1818 S. Gramercy Pl Los Angeles CA 90019  
Street City State Zip

Business phone: 323-737-6146 Representing: Applicant's Representative

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip