#6

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Date 28 January 7015	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 Agendy, Department, Committee o	r Council
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? ( For proposal
Name: Jeff	Samuala	( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: Down Aid, Cuttoral	Resource Mangrement &
Address: 11825 Major Street	St Phys Vista it A 902.	Sustainable Design
Business phone: 3239	772 Representing: Property	3 Owner
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name: Resalize  Client Address: 96 Day	d Gains, truster	Phone #: 385 381 Lovine LLC, 2109
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    1	DECO	ITY COUNCIL'S RULES OF RUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
		Agency, Department, Committ	ee or Council	
Name:	an	, or to speak for or against a pr		( ) General comments
Address:Street				
Street		City	State	Zip
Business phone:	Rep	presenting:		
CHECK HERE IF YOU	ARE A PAID SPEAK	ER AND PROVIDE CLIENT	INFORMATION BELO	w:
Client Name:			P	none #:
Client Address:				
Street		City	State	Zip

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Date / / / / / / / / / / / / / / / / / / /	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	A City Council Name of City Agency, Department, Committee	or Council
Do you wish to provide general pub	plic comment, or to speak for or against a prop	osal on the agenda? (i) For proposal
Name: David Ma	2M304	( ) Against proposal ( ) General comments
Business or Organization Affiliation	: Manfred, Levine	
Address: 3262 E. T.	housand Dahs Blid West	Take VIII age CA 91362
Business phone: 885-379-	1919 Representing: Dury of Hole	and process
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELOW:
Client Name: Rosalud	Coms	Phone #:
Client Address:		
Street	City	State Zip

Please see reverse of card for important information and cubmit this entire card to the preciding officer or chairnerson

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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.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	8
^	public comment, or to speak for or against a propo		Proposal Against proposal General comments
Business or Organization Affiliati	ion:		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zìp

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# \*ONLY IF HEARING CALLED CITY OF LOS ANGELES SPEAKER CARD I do not need to speak otherwise

EXCEPT TO THE	E EXTENT NECESSART FOR IT	TE PRESIDING OFFICE	IN TO CALL OF O	N 100
Date JAN 23, 2015	THE CITY COUNCIL'S DECORUM WILL BE E			Agenda Item, or Case No. Agenda #6
l wish to speak before the	CITY COUNCIL			special
	Name of City Agency, Depart	ment, Committee or C	Council	
Do you wish to provide general pu		or against a proposal	on the agenda?	<ul><li>For proposal</li><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliation	n:			
Address: 1818 6. 9 (Street Business phone: 323-737-1	ramercy Pl 1	los Angeles	State	90019 Zip
Business phone: 3 23-737-1	ettle Representing:	pplicant's	Represe	ntative
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROV	IDE CLIENT INFOR	MATION BELO	w:
Client Name:			Pr	one #:
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.