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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

|   |   |                     | 11  |
|---|---|---------------------|---|
| Date ///29/16  I wish to speak before the         | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Rules Election 5 | Council File N      | Io., Agenda Item, or Case No.                                   |
|   | Name of City Agency, Department, Committee                              | e or Council        |   |
| Do you wish to provide general Name:              | public comment, or to speak for or against a pro                        | oposal on the agend | a? ( ) For proposal<br>( ) Against proposal<br>General comments |
| Business or Organization Affiliat Address: Street | tion:<br>25+15t Sm Robo   | A                   | 9073)   |
| Business phone:                                   | Representing:   |                     |   |
|   | A PAID SPEAKER AND PROVIDE CLIENT I                                     | NFORMATION BEL      | Low:  |
| Client Name:                                      |   |                     | Phone #:  |
| Client Address:                                   | City  | State               | Zip   |

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| Date /// 39//        | 6                 | 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           | Name of City Agency, Department, Committee            |                     | 0366-55                               |
| Do you wish to prov  | vide general pi   | ublic comment, or to speak for or against a prop      | osal on the agenda? | ( ) For proposal                      |
| Name:                | A                 | K; (1   |                     | Against proposal     General comments |
| Business or Organi   | zation Affiliatio | on:   |                     |                                       |
| Address:             |                   |   |                     |                                       |
| Address:             | Street            | City  | State               | Zip                                   |
| Business phone: _    |                   | Representing:   |                     |                                       |
| CHECK HERE IF        | YOU ARE A         | PAID SPEAKER AND PROVIDE CLIENT INF                   | FORMATION BELO      | w:                                    |
| Client Name:         |                   |   | Ph                  | one #:                                |
| Client Address:      | Street            | City  | State               | Zip                                   |
|                      | Ollock            | City  | Glate               | ~ iP                                  |

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Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speal/afor or against a proposal on the agenda? For proposal Against proposal General comments Business or Olganization Affiliation: Address: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW Client Address:

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

City

State

Zip

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| Date                            | THE CITY COUNCIL'S RULES OF                     | Council File No., Agenda Item, or Case No. |
|---------------------------------|---|--|
| 11-29-16                        | DECORUM WILL BE ENFORCED                        | ). #1                                      |
| I wish to speak before the      | - Riles   | 14-0366-55                                 |
|                                 | Name of City Agency, Department, Comm           | mittee or Council                          |
| T) in                           | al public comment, or to speak for or against a | ( ) Against proposal                       |
|                                 | Hugas 8   | (V) General comments                       |
| Business or Organization Affili | ation: Southern Californ                        | My Coslition                               |
| Address:Street                  |   |  |
| Street                          | City  | State Zip                                  |
| Business phone:                 | Representing:                                   |  |
| CHECK HERE IF YOU ARE           | A PAID SPEAKER AND PROVIDE CLIEN                | IT INFORMATION BELOW:                      |
| Client Name:                    |   | Phone #:                                   |
| Client Address:                 |   |  |
| Street                          | City  | State Zip                                  |

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#1

|   |   |                    | 7   |
|---|---|--------------------|---|
| Date 11/29/16   | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. |                    | o., Agenda Item, or Case No.  |
| I wish to speak before the                              | Name of City Agency, Department Committee             |                    |   |
| Do you wish to provide general pu                       | blic comment, or to speak for or against a prop       | osal on the agenda | a? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation  Address: 3306 646 |   | CA.                | 96039   |
| Olloct  | Oity  | State              | Zip   |
| Business phone: (213) 45                                | 3-79/Representing: Low END                            | THEORY             |   |
| CHECK HERE IF YOU ARE A                                 | PAID SPEAKER AND PROVIDE CLIENT INF                   | ORMATION BEL       | ow:   |
| Client Name:  |   |                    | Phone #:  |
| Client Address:   |   |                    |   |
| Street  | City  | State              | Zip   |

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| Date 11-29-16              | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED |                      | Agenda Item, or Case No.                               |
|----------------------------|--|----------------------|--|
| I wish to speak before the | Rules  | 14-0                 | 366-55   |
|                            | Name of City Agency, Department, Comr                | nittee or Council    |  |
| Do you wish to provide g   | eneral public comment, or to speak for or against a  |                      | For proposal     Against proposal     General comments |
| Business or Organization   | Affiliation:   |                      |  |
| Address:                   |  |                      |  |
| Stree                      | et City  | State                | Zip  |
| Business phone:            | Representing:  |                      |  |
| CHECK HERE IF YOU          | ARE A PAID SPEAKER AND PROVIDE CLIEN                 | IT INFORMATION BELOV | v:   |
| Client Name:               |  | Ph                   | one #:   |
| Client Address:            |  |                      |  |
| Stree                      | et City  | State                | Zip  |

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| Date /1/29/2876          | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.                                  | /                   | Agenda Item, or Case No.                                     |
|--------------------------|--|---------------------|--|
| wish to speak before the | EtoM B Rule  | 2 14-               | -0366-S5   |
|                          | Name of City Agency, Department, Committee   | or Council          |  |
| Name:                    | public comment, or to speak for or against a property of and a Maaz (Yoland tion: UCBA | osal on the agenda? | ) For proposal<br>() Against proposal<br>() General comments |
| Street                   | City   | State               | Zip  |
| Business phone:          | Representing:  |                     |  |
| CHECK HERE IF YOU ARE    | A PAID SPEAKER AND PROVIDE CLIENT IN   | FORMATION BELO      | w:   |
| Client Name:             |  | Ph                  | none #:  |
| Client Address:Street    |  |                     |  |
| Street                   | City   | State               | Zip  |

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| <u></u>                              | 1   |  |
|--------------------------------------|---|--|
| Date                                 | THE CITY COUNCIL'S RULES OF                         | Council File No., Agenda Item, or Case No. |
| 11/22/16                             | DECORUM WILL BE ENFORCED.                           | #1   |
|                                      | lules_  | 14-6366-55                                 |
| I wish to speak before the           | N (O) A D   |  |
|                                      | Name of City Agency, Department, Committee or       | 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: Christop                       | My Bruce  | ( ) Against proposal ( ) General comments  |
| Business or Organization Affiliation |   |  |
| Address: 333 Washin                  | gron BWD #429 MDD                                   | State Zip                                  |
| Business phone: 30943-10             | 798 Representing:                                   |  |
| CHECK HERE IF YOU ARE A              | A PAID SPEAKER AND PROVIDE CLIENT INFO              | ORMATION BELOW:                            |
| Client Name:                         |   | Phone #:                                   |
| Client Address:                      |   |  |
| Street                               | City  | State Zip                                  |

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| Date                           | THE OF             | TV COUNCIL'S BUILTS OF                     | Council File N      | o., Agenda Item, or Case No.              |
|--------------------------------|--------------------|--|---------------------|---|
| 11/29/16                       |                    | TY COUNCIL'S RULES OF UM WILL BE ENFORCED. |                     | 6366-53                                   |
| I wish to speak before the     |                    | Agency, Department, Committee              |                     |   |
| Do you wish to provide gener   | al public comment, | or to speak for or against a prop          | oosal on the agenda |   |
| Name: Ed Kuni                  |                    |  |                     | ( ) Against proposal  ★) General comments |
| Business or Organization Affil | liation:           |  |                     |   |
| Address: 22046 San M           | riguel St.         | City land fills                            | C/A<br>State        | 9/364<br>Zip                              |
| Business phone:                | Repr               | esenting:                                  |                     |   |
| CHECK HERE IF YOU ARE          | E A PAID SPEAKE    | R AND PROVIDE CLIENT IN                    | FORMATION BEL       | ow:                                       |
| Client Name:                   |                    |  |                     | Phone #:                                  |
| Client Address:                |                    |  |                     |   |
| Street                         |                    | City                                       | State               | Zip                                       |

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| Date 11/29/16                     | 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 o          |                    | 0366-55                               |
| Do you wish to provide general    | public comment, or to speak for or against a propos   | sal on the agenda? | ( ) For proposal                      |
| Name: SARAH H                     | RMSTRONG  |                    | Against proposal     General comments |
| Business or Organization Affiliat | ion: AMERICANS for SA                                 | Fe Ac              | CP 55                                 |
| Address:                          |   |                    |                                       |
| Street                            | City  | State              | Zip                                   |
| Business phone:                   | Representing:   |                    |                                       |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER AND PROVIDE CLIENT INFO                | ORMATION BELO      | w:                                    |
| Client Name:                      |   | P                  | none #:                               |
| Client Address:                   |   |                    |                                       |

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| Date 11/29/16                      |                         | UNCIL'S RULES OF<br>ILL BE ENFORCED. | Council File No    | ., Agenda Item, or Case No.           |
|------------------------------------|-------------------------|--------------------------------------|--------------------|---------------------------------------|
| I wish to speak before the         | Name of City Agency     | , Department, Committee or           | (Mexta)<br>Council | 14-0366-5                             |
| Do you wish to provide general     | public comment, or to s | peak for or against a propos         | al on the agenda   | ? (YFor proposal                      |
| Name: Tomer                        | Grassi                  | any                                  |                    | Against proposal     General comments |
| Business or Organization Affiliati | ion: Socal a            | elliance                             |                    |                                       |
| Address: Street                    | roff Ave                | LOS ANgeles                          | State              | 40048                                 |
| Business phone:                    | Representi              | ng:                                  |                    |                                       |
| CHECK HERE IF YOU ARE              | A PAID SPEAKER AN       | ID PROVIDE CLIENT INFO               | RMATION BELO       | ow:                                   |
| Client Name:                       |                         |                                      | P                  | Phone #:                              |
| Client Address:                    |                         | City                                 | State              | Zin                                   |

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| Date 11/.29/16   | 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 J      | Heurng   |
| Do you wish to provide general general provide general |   | Ker)              | ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Address:Street   | City  | State             | Zip  |
| Business phone: (614) 84 3   | 3 - 2966 Representing:                                |                   |  |
| CHECK HERE IF YOU ARE A  | PAID SPEAKER AND PROVIDE CLIENT INF                   | ORMATION BELO     | w:   |
| Client Name:   |   | Pl                | hone #:  |
| Client Address:  | City  | State             | Zip  |

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| Date , ,                             | THE CITY COUNCIL'S RULES OF                         | Council File No.,  | Agenda Item, or Case No. |
|--------------------------------------|---|--------------------|--------------------------|
| 11/29/2011                           | DECORUM WILL BE ENFORCED.                           | 1                  |                          |
| 11/2 /2016                           | DECONOM WILL BE LIN ONCED.                          | /                  |                          |
| I wish to speak before the           | Council Rules                                       | 14-                | -0366-55                 |
|                                      | Name of City Agency, Department, Committee of       | 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         |
|                                      | 1 - 1 11-1  |                    | ( ) Against proposal     |
| Name: Seth Hilsub                    | eck Sein His  | over)              | ( ) General comments     |
|                                      |   |                    |                          |
| Business or Organization Affiliation | on: Quality Concentrates                            |                    |                          |
|                                      |   |                    |                          |
| Address:                             |   |                    |                          |
| Street                               | City  | State              | Zip                      |
| Business phone:                      | Representing: SCC                                   |                    |                          |
|                                      | 0   |                    |                          |
| CHECK HERE IF YOU ARE A              | PAID SPEAKER AND PROVIDE CLIENT INFO                | DRMATION BELO      | w:                       |
|                                      |   |                    |                          |
| Client Name:                         |   | Pl                 | none #:                  |
|                                      |   |                    |                          |
| Client Address:                      |   |                    |                          |
| Street                               | City  | State              | Zip                      |

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| Date 1/29 (notre  |              | TY COUNCIL'S RULES OF<br>RUM WILL BE ENFORCED. | Council File No. | , Agenda Item, or Case No.                             |
|---|--------------|--|------------------|--|
| I wish to speak before the  |              | Agency, Department, Committee                  |                  | -6366-S5   |
| Do you wish to provide general Name: Zadog Susiness or Organization Affilia | PAR          | (Zachary                                       | Pitts)           | For proposal ( ) Against proposal ( ) General comments |
| Address: 304 8 Be   | Iden D       | City   | State            | 900 CS   |
| Business phone:   | Rep          | resenting:                                     |                  |  |
| CHECK HERE IF YOU ARE   | A PAID SPEAK | ER AND PROVIDE CLIENT                          | INFORMATION BELO | w:   |
| Client Name:  |              |  | PI               | hone #:  |
| Client Address:   |              | City   | State            | Zip  |

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| Date 11 29 16                      | THE CITY COUNCIL'S F                         |                   |             | No., Agenda Item, or Case No. |
|------------------------------------|--|-------------------|-------------|-------------------------------|
| I wish to speak before the         | REIRN Cute.  Name of City Agency, Department | ent, Committee or |             | -0366-55                      |
| Name: Nate Joh                     | oublic comment, or to speak for or           | John.             | son)        | General comments              |
| Business or Organization Affiliati | on: Dountoun Los                             | Angeles           | Neghoo      | rhood (ouncil                 |
|                                    | City Representing:                           |                   | State       | 900(3<br>Zip                  |
| Business phone: 213-248            | Representing:                                | VLANC             |             |                               |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER AND PROVID                    | E CLIENT INFO     | RMATION BEI | LOW:                          |
| Client Name:                       |  |                   |             | Phone #:                      |
| Client Address:Street              | City   |                   | State       | Zip                           |

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| Date 11-29-16                                     | 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   | 14-6366-SS-<br>e or Council                  |
| Name: Math Garl Business or Organization Affiliat | public comment, or to speak for or against a propland (Matt Garl tion: Central San Redro Neigh | ( ) Against proposal<br>( ) General comments |
| Address:Street                                    | City   | State Zip                                    |
| Business phone:                                   | Representing:  |  |
| CHECK HERE IF YOU ARE                             | A PAID SPEAKER AND PROVIDE CLIENT IN   | FORMATION BELOW:                             |
| Client Name:                                      |  | Phone #:                                     |
| Client Address:                                   | City   | State Zip                                    |

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| EXCEPTION                          | TE EXTENT NECESSART FOR THE PRESIDING OFFIC   | LIT TO CALL OF | OK 100  |
|------------------------------------|---|----------------|---|
| Date 1/29/16                       | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.                                       | Council File N | o., Agenda Item, or Case No.  |
| I wish to speak before the Special | Name of City Agency, Department, Committee or   | Council        | 14-0366-  |
|                                    | oublic comment, or to speak for or against a proposed is that Lewis on: Leaf of Life Wellne |                | a? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
|                                    | 4514m soile 500 N. Hollywood  |                | 91602   |
| Business phone: \$18.568           |   | State          | Zip   |
| CHECK HERE IF YOU ARE A            | PAID SPEAKER AND PROVIDE CLIENT INFO  | RMATION BEL    | ow:   |
| Client Name:                       |   |                | Phone #:  |
| Client Address:Street              | City  | State          | Zip   |

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU 14-0366-55

|                                  |   | 7.0       | /  |
|----------------------------------|---|-----------|--|
| Date 11 /29/16                   | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.               |           | agenda Item, or Case No.                               |
| I wish to speak before the       | Rules Elections Index Name of City Agency, Department, Committee of | r Council | Pel + Neighb   |
|                                  | I public comment, or to speak for or against a proposed Mona A      |           | For proposal     Against proposal     General comments |
| Business or Organization Affilia | ation:  |           |  |
| Address: 2658                    | Conard St LA  | 901       | 065  |
| Business phone: (310) 73         | Conard St LA  City  Representing:                                   | State     | Zip  |
|                                  | A PAID SPEAKER AND PROVIDE CLIENT INFO                              |           | /:   |
| Client Name:                     |   | Pho       | one #:   |
| Client Address:Street            | City  | State     | Zip  |

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| Date 11/29/16                                  | DECORUM            | COUNCIL'S RULES OF IN WILL BE ENFORCED.          |                 | No., Agenda Item, or Case No.                                    |
|--|--------------------|--|-----------------|--|
| I wish to speak before the                     | Name of City Age   | ency, Department, Committee or                   | Council         | 14-0366-3  |
| Do you wish to provide general  Name:ACKIE Sui | public comment, or | to speak for or against a proposition of the Sul | al on the agend | la? ( ) For proposal<br>( ) Against proposal<br>General comments |
| Business or Organization Affiliat              | tion:              |  |                 |  |
| Address: 1240 N, F                             | LURES ST. The      | West Haywow                                      | CA              | 9069<br>Zip  |
| Business phone:                                |                    |  |                 |  |
|  |                    | AND PROVIDE CLIENT INFO                          | RMATION BEL     | Low:   |
| Client Name:                                   |                    |  |                 | Phone #:   |
| Client Address:                                |                    | City   | State           | Zin  |

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| 1                         |  |                  |  |
|---------------------------|--|------------------|--|
| Date 29 0                 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Pules | //               | 1-0366-55  |
|                           | Name of City Agency, Department, Committee or                | Council          |  |
| Name:                     |  | al on the agenda | ? ( ) For proposal<br>( ) Against proposal<br>General comments |
| Address:Street            | City   | State            | Zip  |
|                           | Representing:  |                  |  |
| CHECK HERE IF YOU ARE A F | PAID SPEAKER AND PROVIDE CLIENT INFO                         | RMATION BELO     | ow:  |
| Client Name:              |  | F                | Phone #:   |
| Client Address:           |  | State            | Zip  |

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| Date                        | E CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Aganda Item, or Case No.  |
|-----------------------------|---|---|
| I wish to speak pefore the  | Pules   | 14-0366-S5  |
| Do you wish to provide gene | Name of City Agency, Department, Committee          | posal on the agenda ( ) for proposal Against proposal   |
| Name:                       | iliation: Advocate (                                | 4 Life  |
| Address: Street             | City  | State Zip   |
| Business phone:             | Representing:                                       | WILL STATE OF THE |
| CHECK HERE IF YOU AR        | E A PAID SPEAKER AND PROVIDE CLIENT II              | NFORMATION BELOW:   |
| Client Name:                | 13C 31783V  | Plan  |
| Client Address: Street      | City  | State Bitzp H Hui   |