14-0566

# CITY - LOS ANGELES SPEAKER ARD

#### 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 B = 13 / M I wish to speak before the Na	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Z/	, Agenda Item, or Case No.
Name:	c comment, or to speak for or against a proposed $A$		<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip
Please see reverse of card for im	portant information and submit this entire card	d to the presiding a	officer or chairperson.

#### CITY CLOS ANGELES SPEAKER CNRD

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 Council File No. Agenda Item) or Case No. THE CITY COUNCIL'S RULES OF ILL 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 speak for or against a proposal on the agenda? X) For proposal Against proposal Name: 1150 General comments Business or Organization Affiliation: Fix LA Condition 1545 Wilshire blud. Address: State Business phone: 212-304-91-73 Representing: Fix CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street Citv State Zip

# CITY - LOS ANGELES SPEAKER ARD

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8       13       2014       DECORUM WILL BE ENFORCED.       21         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? (A For proposal Name: Kashad Kucher Business or Organization Affiliation: Community Coalition Address: SIM S. Without Avia LA CA Galit	Date 8/13/2014		Council File No., Agenda Item, or Case No.
Name: <u>Kashud Kuchuk</u> Business or Organization Affiliation: <u>Community Coalition</u> Address: <u>Street</u> <u>Street</u> <u>City</u> <u>A CA</u> <u>Outfil</u>	I wish to speak before the	Name of City Agency, Department, Committee	or Council
Business or Organization Affiliation: Community Coalition Address: Street Common Aviz LA CA gast			oosal on the agenda? K For proposal ( ) Against proposal ( ) General comments
Address: Street Street AVE LA CA July	Business or Organization Affiliat	on: Community Confirm	
Business phone: Representing: A Coalifion	Address:Street	Viennorof AVE LA	CA Gall 1 State Zip
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CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:		0	FORMATION BELOW:
Client Name: Phone #:	Client Name:		Phone #:

Client Address:

Street

City

State

Zip

### CITY C LOS ANGELES SPEAKER RD

YOU ARE NOT R	A PUBLIC DOCUMENT SUBJECT TO POSTING ON EQUIRED TO PROVIDE PERSONAL INFORMATION EXTENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO SPEAK,				
Date 8-13-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. Item No. 21				
I wish to speak before the						
Name: Jennifer Maldone	ic comment, or to speak for or against a proposa ado FIX LA (oalition	al on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments				
Address: 124 N. Townsey Street	rd Les Angeles	CA 90063 State Zip				
Business phone: 323.180.7605 Representing: <u>Inner(ity Stwgg/e</u> CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Phone #:				
Client Address:Street	City	State Zip				

### CITY T LOS ANGELES SPEAKER RD

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4 17 11/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No. # 21				
I wish to speak before the LA City Council Name of City Agency, Department, Committee or Council							
	nment, or to speak for or against a proposal						
Name: Timothy B	utcher		<ul><li>Against proposal</li><li>General comments</li></ul>				
Business or Organization Affiliation:	sity Employee						
Name: <u>Timothy</u> B Business or Organization Affiliation: <u>C</u> Address: <u>1402</u> <u>E</u> <u>Dg</u> Street	Iton Glandorg	C q	91741				
Business phone: 626 893-363		State	Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:		Ph	none #:				
Client Address:	City	04-4-	7				
Street	City	State	Zip				