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 8-14	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	e or Council		
Do you wish to provide gener	ral public comment, or to speak for or against a pro	() Against proposal		
Business or Organization Affil	liation:			
Address:Street	City	State Zip		
Business phone:	Representing:	10000		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW:		
Client Name:		Phone #:		
Client Address:Street	City	State Zip		

EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU Date Council File No., Agenda 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 speak for or against a proposal on the agenda? (), For proposal Against proposal General comments Name: Business or Organization Affiliation: Address: _____Street State Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: _____ Phone #: Client Address: _____ City State Zip

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Name:	Date I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee	Council File No., Agenda Item, or Case No.
Address:			() Against proposal
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Business or Organization Affilia	tion:	
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Address:	· A	Chata 7in
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:			
Client Name: Phone #: Client Address:	Business phone:	Representing:	
Client Address:	CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELOW:
	Client Name:		Phone #:
	Client Address:	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.				
8-8-14	DECORUM WILL BE ENFORCED.	14-0635				
I wish to speak before the	Name of City Agency, Department, Committee of	r Council				
Do you wish to provide general r						
	public comment, or to speak for or against a propo	() Against proposal				
Name: Kevin	Franklin	() General comments				
Business or Organization Affiliation	on: Consul	Tant (also				
Address: 30408	Olympic City	LASTAIC MISSY				
Business phone: 213 706	6997 Representing: OSCAR	Condition				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Phone #:				
Client Address:						
Street	City	State Zip				

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8-8-2014	THE CITY COUNCIL'S RULES OF TO 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	
Do you wish to provide genera	al public comment, or to sp	eak for or against a propos	al on the agenda?	
Name: Oscar Co	rdova			() Against proposal () General comments
Business or Organization Affilia	ation: Owner			
Address: 8910 S. W	estern Auc	L. A	C _P	90047 Zip.
Business phone: (323) 560		Only	Otate	د اله ،
Ducinioso priorio.	Tioprocontin	9		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT INFO	RMATION BELO	W:
Client Name:			Ph	one #:
Client Address:				
Street		Citv	State	Zip