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EXCEPT TO THE	EXTENT NECESSARII TO	THE PRESIDING (STRICEN TO CALL OF	- ON 100
Date 1/25/14	THE CITY COUNCI		,	o., Agenda Item, or Case No.
I wish to speak before the	blic Works	Conte		(te s
ı	Name of City Agency, Dep	artment, Committe	e or Council	
Do you wish to provide general pub Name: <u> </u>	Bear d	for or against a pro	pposal on the agend	a? () For proposal () Against proposal (General comments
Business or Organization Affiliation:	: CCEA			
		LA	CA	90021
Address: 72 5 S. Street Business phone: 213-228-8	Representing:	City	State	Zip
CHECK HERE IF YOU ARE A F			NFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:				
Street	(City	State	Zip

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1	3			
Date		Name of City Agency, Department, Committee of	> .	, Agenda Item, or Case No.
Do you wish to	provide general pul	blic comment, or to speak for or against a propos	sal on the agenda	() For proposal Against proposal
Name:	1CiC	HITCHE	C	() General comments
Business or Org	ganization Affiliation	:		
Address:			0	-
	Street	City	State	Zip
Business phone	o:	Representing:		
		PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:			P	hone #:
Client Address:	Street	City	State	Zip
	Stieet	City	State	حال

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Date 1/26/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council	
Name: GENERAL		oposal on the agenda	a? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on: LACAD		
Address: 838 E. L	th ST CA	CA-	90021
Business phone: 213-228-6	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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Date 1/24/14		ICIL'S RULES OF BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, D	Pepartment Committee	or Council	
Do you wish to provide general Name:	ROBERTS		osal on the agen	da? () For proposal Against proposal () General comments
Address: 838 E. 67	\$ 57	LA	CA	90021
Street Business phone: 2/3-23% - 0		City	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT INF	ORMATION BE	LOW:
Client Name:				Phone #:
Client Address:		City	State	Zip

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1/24/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	PUBLIC WORKS	
	Name of City Agency, Department, Committee	ee or Council
	public comment, or to speak for or against a pr	roposal on the agenda? () For proposal Against proposal () General comments
Business or Organization Affilia		
Address: 838 E. L	AST LA	CA 90021
Business phone: 2/3-228-6	City Representing:	State Zip
		INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 1/26/18		COUNCIL'S RULES OF I WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the	Public	WOLFS		
	Name of City Age	ncy, Department, Committe	e or Council	
Do you wish to provide genera Name: ちゃん(o speak for or against a pro	pposal on the agenda	Against proposal () General comments
Business or Organization Affili	ation: LA C	AN		
Address: 838 E.	6th ST	LA	CA	9002/
Address: 838 E. Street Business phone: 82:328.	Represe	enting:	State	Zip
CHECK HERE IF YOU ARE			NFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:		City	State	Zin

Date 1/24/14	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	ES OF	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 general pu	ublic comment, or to speak for or ag	ainst a proposal on the ager	
Name: WESLEY	WALKER		Against proposal () General comments
Business or Organization Affiliation	n: LA CAU		
Address: 838 E,	6th ST LA	CA	90021
Business phone 213-226-0	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BE	ELOW:
Client Name:			Phone #:
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.

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Date 1/25/16 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Public Works Committee Name of City Agency, Department, Committee	Specia	Agenda Item, or Case No. 3
Do you wish to provide gene	ral public comment, or to speak for or against a prop	osal on the agenda?	For proposal
Name:Carol	e Sobel		Against proposal () General comments
Business or Organization Affi	iliation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	E A PAID SPEAKER AND PROVIDE CLIENT IN		W:

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2,1021110	THE EXTENT NEGLOCATION	or mediant or no	ZII TO ONZZ OTON	
1-25-16		ICIL'S RULES OF BE ENFORCED.	Council File No., A	genda Item, or Case No S (56,)
I wish to speak before the	Public Works + 600 Name of City Agency, D	ng Reduction Department, Committee or the second se	Council	
Do you wish to provide general Name:	Porter			() For proposal () Against proposal () General comments
Address: 804 Street	. /		State	9002 [Zip
Business phone: 213, 622,	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT INFOR	RMATION BELOW	<i>t</i> :
Client Name:			Pho	one #:
Client Address:Street		City	State	Zip

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Date 1-25-16		CITY COUNCIL'S RULES OF	~ /	Agenda Item, or Case No. 1
I wish to speak before t	0	ity Agency, Department, Comm	COmmittee	e
Do you wish to provide	general public comme	nt, or to speak for or against a	proposal on the agenda?	() For proposal
Name: Pasto	ccue			() Against proposal () General comments
Business or Organization	on Affiliation:	Church wi	thout wa	US
Address:				
Str	eet	City	State	Zip
Business phone:	R	Representing:		
CHECK HERE IF YOU	J ARE A PAID SPEA	AKER AND PROVIDE CLIEN	T INFORMATION BELO	w:
Client Name:			PI	none #:
Client Address:	eet	City	State	Zip

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Date Jan 25,2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Pub works Com	w	
	Name of City Agency, Department, Committee or		
Do you wish to provide general pub	olic comment, or to speak for or against a propos	al on the agenda?	
Name: Home Les	5 Tee		Against proposal General comments
Business or Organization Affiliation	why?		
Address: SKI drow	resident Cos Angela	S CA.	90013
Business phone:	Representing: HOME WSS	People	
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip

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	L LATERT REGEOT		ibilita oi i ioi		
Date Jan 25,0016		OUNCIL'S RULES VILL BE ENFORC			lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agend	wonks cy, Department, Co			
Do you wish to provide general pro-	ublic comment, or to	speak for or again	st a proposal	on the agend	a? () For proposal
Name:	Musce H	icks			() Against proposal General comments
Business or Organization Affiliation	n: <u> </u>	CEPF	>		
Address: 804 E	6th St	LA	Ca	State	2002/ Zip
Business phone:	Represen	ting:			
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CL	IENT INFOR	MATION BEL	.ow:
Client Name:					Phone #:
Client Address:Street		City		State	Zip

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Date 25, 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee o		
	ublic comment, or to speak for or against a propos	sal on the agenda?	
Name:	ACEPT Manuel Via	17,	() Against proposal () General comments
Business or Organization Affiliation	n: Howeless	7	
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:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
Jan 25, 2016	DECORUM WILL BE ENFORCED.	14-165651
I wish to speak before the	Pub Works Complame of City Agency, Department, Committee	m
Do you wish to provide general publ	ic comment, or to speak for or against a prop	posal on the agenda? () For proposal
Name: Levin	Michael Ley	() Against proposal () General comments
Business or Organization Affiliation:	UCEPP	
Address: 804 E 6	th St LA	(q. 9002)
Street Business phone: 213 864 5	793 Representing: City PREVENT	State Zip
CHECK HERE IF YOU ARE A PA		IFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 1/25/2016		Agenda Item Spæilal)/2
I wish to speak before the	BOARD OF PUBLIC WORKS		
Nam	ne of City Agency, Department, Com	mittee or Council	
Do you wish to provide general public of			
Name: Shay a 2 //	pers	() General comments
Name: Shay a M Business or Organization Affiliation:	Legal Ard Fou	ndation of Lox	Ances
Address:		LA ATT G	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:	City	State	Zip

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Date 25 16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE	D. SP :	O., Mgenda Item, or Case No.
I wish to speak before the	Public Wolks Name of City Agency, Department, Con		ctm
Do you wish to provide general Name:	public comment, or to speak for or against	a proposal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affilia	tion:		
Address: Street	338 q. GM St 4	A A 900 State	Z
Business phone: 2(322	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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Date		Agenda Item	
1-25-16			\
I wish to speak before theBOARD_OB	PUBLIC WOR	KS Cours	
Name of City Agend	cy, Department, C	ommittee or Council	
Do you wish to provide general public comment, or to Name:	speak for or again	ist a proposal on the agend	a? () For proposal Against proposal General comments
Business or Organization Affiliation:	F 1055		
Address:	City	State	Zip
Business phone: Represen	ting:		
CHECK HERE IF YOU ARE A PAID SPEAKER A	ND PROVIDE CL	IENT INFORMATION BEL	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date 1/26/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
	me of City Agency, Department, Committee	or Council	
Name: PETE WH		osal on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliation:	LACAN		
Address: \$3\$ E, 6	th ST LA	CA	
Street Business phone 2/3-228-60 2	City	State	Zip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INF	FORMATION BELO	w:
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip