YOU ARE NOT R	A PUBLIC DOCUMENT SUBJECT TO POSTING O EQUIRED TO PROVIDE PERSONAL INFORMATI EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date 2-21-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No. -0078
I wish to speak before theN	ame of City Agency, Department, Committee of	or Council	
Do you wish to provide general public Name:	ic comment, or to speak for or against a propo		? () Against proposal () Against proposal () General comments
Business or Organization Affiliation:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	DW:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip
Please see reverse of card for in	nportant information and submit this entire car	d to the presiding of	officer or chairperson.

YOU ARE NOT	S A PUBLIC DOCUMENT SUBJECT TO POSTING C REQUIRED TO PROVIDE PERSONAL INFORMATI E EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date 02/21/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No. 78
	Name of City Agency, Department, Committee of	or Council	
5 C	ublic comment, or to speak for or against a propo	sal on the agenda'	 For proposal Against proposal General comments
Business or Organization Affiliation	n:		
Address:	City	State	Zip
	Representing:	Slate	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	hone #:
Client Address:	City	State	Zip
	important information and submit this entire car		

YOU ARE NOT	S A PUBLIC DOCUMENT SUBJECT TO POSTING O REQUIRED TO PROVIDE PERSONAL INFORMATION E EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	SPEAK,	
Date 2 21/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case N	No.
I wish to speak before the	Name of City Agency, Department, Committee c	mitter		
Do you wish to provide general pu Name: <u>Aud tey</u> Business or Organization Affiliation		sal on the agenda	? () For proposal () Against proposa () General comme	
Address:				
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	W:	
Client Name:		P	hone #:	
Client Address:		0		
Street	City	State	Zip	
Please see reverse of card for	r important information and submit this entire card	d to the presiding of	officer or chairperson	٦.

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJEC T REQUIRED TO PROVIDE PERSO HE EXTENT NECESSARY FOR THE	NAL INFORMATION IN OI	RDER TO SPEAK,	
Date 2121/17	THE CITY COUNCIL'S R DECORUM WILL BE EN		ouncil File No., Agenda I Ftem HS	tem, or Case No.
I wish to speak before the	Name of City Agency, Departme	ent, Committee or Counc	zil	
Do you wish to provide general p	public comment, or to speak for or	against a proposal on th		
Name: Dusta Det	20110			ainst proposal eneral comments
	on: Suggar & Dendlo La	در		
Address: 975.2	IST H 100 Sin Jo City	use C	A 93	5/13
Street Business phone: <u>403 29 7</u>	-4052 Representing: 405	Angeles Police	State Zip Protecture Leag	ve
	PAID SPEAKER AND PROVID		ION BELOW:	
Client Name: Los Ange	les Pulice Protective	Lengue	Phone #:	213-251-4554
Client Address: <u>130 § W.</u> Street	les Pulice Protective 3th Smet Log Aug city	etos c	A 90 State Zip	7/0

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

YOU ARE NOT R	A PUBLIC DOCUMENT SUBJECT TO EQUIRED TO PROVIDE PERSONAL EXTENT NECESSARY FOR THE PR	INFORMATION IN ORDER TO S	PEAK,
Date 2/21/17	THE CITY COUNCIL'S RULI DECORUM WILL BE ENFOR		, Agenda Item, or Case No. - 5
I wish to speak before the	PUBIC SAFETY Jame of City Agency, Department,		
14	ame of only Agency, Department,	Committee of Courier	
Do you wish to provide general publ	ic comment, or to speak for or aga	ainst a proposal on the agenda'	? () For proposal
Name: ZOBERT	LARRIS		 Against proposal General comments
Business or Organization Affiliation:	LUG ANGEVES F	UNCE PROFECTIVE	DEAGUE
Address: 1308 W 774 C	ST C+	C4 State	90017 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE (LIENT INFORMATION BELC	w:
Client Name:		Ρ	hone #:
Client Address:			
Street	City	State	Zip
Please see reverse of card for in	nportant information and submit th	is entire card to the presiding c	fficer or chairperson.

	OT REQUIRED TO PROVIDE PERSONAL INFORM THE EXTENT NECESSARY FOR THE PRESIDING		
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	ee or Council	/
Do you wish to provide general Name:	public comment, or to speak for or against a pr	oposal on the agenda?	 () For proposal () Against proposal () General comments
Business or Organization Affilia	tion:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOV	v:
Client Name:		Pho	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.

YOU ARE NO	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING OT REQUIRED TO PROVIDE PERSONAL INFORMAT THE EXTENT NECESSARY FOR THE PRESIDING OF	TION IN ORDER TO SP	EAK,
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., /	Agenda Item, or Case No.
		5	
I wish to speak before the	Name of City Agency, Department, Committee	or Council	/
Do you wish to provide general Name:	public comment, or to speak for or against a prop	osal on the agenda?	 () For proposal () Against proposal () General comments
Business or Organization Affiliat			
Address: O (O (O Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOV	V:
Client Name:		Pho	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.

YOU ARE NO	S A PUBLIC DOCUMENT SUBJECT TO POSTING F REQUIRED TO PROVIDE PERSONAL INFORMATIE E EXTENT NECESSARY FOR THE PRESIDING OF	TION IN ORDER TO	SPEAK,
Date 2/21/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	Io., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee		
Do you wish to provide general p Name: <u>Pauline</u> M	ublic comment, or to speak for or against a prop	osal on the agend	a? (For proposal () Against proposal () General comments
Business or Organization Affiliatio	n:		
Address: 3933 Al	bright the LF		90066
Business phone: 310-925-	Dright Ave LV- City 0290 Representing: Self	State	Ζιp
		FORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:	07		
	City	State	Zip
Please see reverse of card fo	r important information and submit this entire ca	ard to the presiding	officer or chairperson.

YOU ARE N	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING O OT REQUIRED TO PROVIDE PERSONAL INFORMATIC THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date 2/21/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No. 201ろ
I wish to speak before the	Name of City Agency, Department, Committee o	r Council	
Do you wish to provide general Name:	public comment, or to speak for or against a propos	sal on the agenda'	 ? (A) For proposal () Against proposal () General comments
Business or Organization Affiliat	lion:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip
Please see reverse of card	for important information and submit this entire card	I to the presiding a	officer or chairperson.

YOU ARE I	IIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING O NOT REQUIRED TO PROVIDE PERSONAL INFORMATION THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	SPEAK,
Date 2/2/17	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	0 "	
Name: KOBCE	al public comment, or to speak for or against a proposed of the speak for or against a propose		() General comments
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Address:Street			
Street	City	State	Zip
Please see reverse of card	d for important information and submit this entire card	d to the presiding of	officer or chairperson.

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING O DT REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO	SPEAK,
Date 02-21-2017	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 of	r Council	
Do you wish to provide general p Name: <u>Salvador</u>	bublic comment, or to speak for or against a propo		() Against proposal
	on:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	ow:
Client Name:		F	² hone #:
Client Address:Street	City	State	Zip
Please see reverse of card for	or important information and submit this entire card	to the presiding	officer or chairperson.

YOU ARE NOT RE	PUBLIC DOCUMENT SUBJECT TO POSTING O QUIRED TO PROVIDE PERSONAL INFORMATION XTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date 2 21/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	., Agenda Item, or Case No.
This opean before the	ic Safety me of City Agency, Department, Committee c	r Council	
Do you wish to provide general public	comment, or to speak for or against a propo	sal on the agenda	?()For proposal
Name: Olive Ree	d		() Against proposal (X) General comments
Business or Organization Affiliation: _	Stakeholder Ho	abbor Ce	ty
Address: 23236, fryo	Stakeholder Harbor Ci r Place Harbor Ci	try CA State	- 40710 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:	City	State	Zip
	portant information and submit this entire card		

CITY	OF LOS ANGELES JO	E BUSCAINO, Fifteenth District	Rosa
OL / PERSONAL INFO	PUBLIC DOCUMENT. YOU ARE DRMATION IN ORDER TO SPEA Y FOR THE PRESIDING OFFICE	K, EXCEPT TO THE EXTENT	Parks
Date 2017		Agenda Item	5
I wish to speak before the		8	
Do you wish to provide general pu		Stop () Agair	roposal nst eral comments
Business or Organization Affiliation:			
Address:	City	State	erist
Address:Street Business phone:	Representing:	ington = 1	Ellal
CHECK HERE IF YOU ARE A PUBL	LIC SAFETY COMMITTEE CLIE	ENT INFORMATION BELOW:	
Client Name: Tue			JSCAINC
Street	NG STREET,	JOE BUSCAINO, Fifteer	
	EETING LOCATION		

DNG

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 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 (A)I General comments Name: Business or Organization Affiliation: Address: Street Citv State Zip Business phone: _____ Representing: _____ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: 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.