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| Date 8 - 28 - 13                 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No | ., Agenda Item, or Case No. |
|----------------------------------|---|-----------------|-----------------------------|
| I wish to speak before the       | Comar   | 11-0            | 923                         |
| ·                                | Name of City Agency, Department, Committee or         | Council         | ,                           |
| Do you wish to provide genera    | public comment, or to speak for or against a propos   |                 | ( ) Against proposal        |
| Name:                            | Arnow SACH  |                 | ( ) General comments        |
| Business or Organization Affilia | ation:  |                 |                             |
| Address:                         | lennox  |                 |                             |
| Address:Street                   | City  | State           | Zip                         |
| Business phone:                  | Representing:   |                 |                             |
|                                  | A PAID SPEAKER AND PROVIDE CLIENT INFO                |                 |                             |
| Client Name:                     |   | P               | Phone #:                    |
| Client Address:                  | Citv  | State           | Zip                         |

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| Date & -28 - 13                      | 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                                   |
|                                      | Name of Only Agency, Department, Committee            | or Council                                   |
| Do you wish to provide general p     | public comment, or to speak for or against a prope    | osal on the agenda? ( For proposal           |
| Name: CARUS                          | CALLE 10  | ( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation | on: ARTIST  |  |
| Address: 4657 6                      | leason st Cos An                                      | seles of goods                               |
| Business phone: 323-9/5-             | City  | C.A. Cut154                                  |
|                                      | · · · · · · · · · · · · · · · · · · ·                 | ORMATION BELOW:                              |
| Client Name:                         |   | Phone #:                                     |
| 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.                |
|-----------------------------------|---|----------------------|---|
| 8/28                              | DECORUM WILL BE ENFORCED.                         | 7                    |   |
|                                   | 1 Charles   |                      | *************************************** |
| I wish to speak before the        | City Council                                      |                      |   |
| 2,                                | Name of City Agency, Department, Committee        | or Council           |   |
| Do you wish to provide general    | public comment, or to speak for or against a prop | oosal on the agenda? | ( ) For proposal                        |
| Name:                             | 5 Im WALSH  |                      | Against proposal     General comments   |
| Business or Organization Affiliat | tion:   |                      |   |
| Address:                          |   |                      |   |
| 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                   | one #:                                  |
| Client Address:                   |   |                      |   |
| Street                            | City  | State                | Zip                                     |

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

| Date 8-26-13                         | 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           |                                       |
| Do you wish to provide general p     | ublic comment, or to speak for or against a propose   | al on the agenda? | ? ( ) For proposal                    |
| Name: CMAR R                         | LONDÍN -  |                   | ( ) Against proposal General comments |
| Business or Organization Affiliation | on: Peace Please Opgania                              | ection            |                                       |
| Address:Street                       | City  | State             | 7in                                   |
| *****                                | ·   |                   | Zip                                   |
| Business phone:                      | Representing:   |                   |                                       |
| CHECK HERE IF YOU ARE A              | PAID SPEAKER AND PROVIDE CLIENT INFO                  | RMATION BELO      | ow:                                   |
| Client Name:                         |   | P                 | hone #:                               |
| Client Address:Street                | City  | State             | Zip                                   |

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| Avg 28 DECORUM WILL BE ENFORCED.  | Council File No., Agenda Item, or Cas       | e No. |
|---|---|-------|
| 7,003   | 7   |       |
|   | ***************************************     | ***** |
|   |   |       |
| I wish to speak before theCOUNCIL   |   |       |
| Name of City Agency, Department, Committee or Cou                                       | ncil  |       |
| Do you wish to provide general public comment, or to speak for or against a proposal on | the agenda? ( For proposal ( ) Against prop | osal  |
| Name: RICARDO MIRELES   | ( ) General com                             |       |
| Business or Organization Affiliation: ACADSMIA AVAVCE                                   |   |       |
| 115 N Ass 57  |   |       |
| Business phone: 327-230.7270 Representing: Avanco                                       | State Zip                                   |       |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMA                         | ATION BELOW:                                |       |
| 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

| EACEPI TO I                        | NE EXTENT NECESSARY FOR THE PRESIDING            | OFFICER TO CALL OF    | UN YUU                                       |
|------------------------------------|--|-----------------------|--|
| Date \$ 28 13                      | THE CITY COUNCIL'S RULES OF                      | Council File No       | ., Agenda Item, or Case No.                  |
|                                    | DECORUM WILL BE ENFORCED.                        |                       | -0943(-7)                                    |
| I wish to speak before the         | CULVCIL  |                       |  |
| •                                  | Name of City Agency, Department, Commit          | tee or Council        |  |
| Do you wish to provide general p   | oublic comment, or to speak for or against a p   | roposal on the agenda | ? (For proposal                              |
| Name:C/N/)Y                        | MONAHAN- SCHWAR                                  | ZITEIN                | ( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliati | on: CARTWI-                                      | LEEL                  |  |
| Address: 688 S.                    | SANTA FIE AVE, LA                                | CA                    | 9002)  |
| Business phone: 213.53             | SANTA FIE AVE, LA City $7.068$ Representing: CAR | 1WHET L               | Zip  |
|                                    | A PAID SPEAKER AND PROVIDE CLIENT                |                       |  |
| Client Name:                       |  | F                     | Phone #:                                     |
| Client Address:                    |  |                       |  |
| Street                             | City   | State                 | Zip  |

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| Date                               | THE CITY             | COUNCIL'S RULES O                       | F Council File No.        | Agenda Item, or Case No.                  |
|------------------------------------|----------------------|---|---------------------------|---|
| 8.28.13                            |                      | WILL BE ENFORCE                         |                           | 11-0923                                   |
| I wish to speak before the         | city                 | Council                                 |                           |   |
| •                                  | Name of City Age     | ency, Department, Com                   | mittee or Council         |   |
| Do you wish to provide general p   | oublic comment, or t | to speak for or against                 | a proposal on the agenda? | ( ) For proposal                          |
| Name: Mary C                       | Jarcia               | *************************************** |                           | ( ) Against proposal ( ) General comments |
| Business or Organization Affiliati | on:                  |   |                           |   |
| Address: 5/23 Call                 | uengo Bl.            | NoHo                                    | State                     | 91601                                     |
| Business phone:                    | $\sim$               |   |                           |   |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER       | AND PROVIDE CLIE                        | NT INFORMATION 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. |
|---------------------------------------|---|--|
| 1 8/2017017                           | DECORUM WILL BE ENFORCED.   | 17   |
| 10000                                 |   |  |
| I wish to speak before the            | Mural Rdina   | we   |
| •                                     | ame of City Agency, Department, Committee or  | Council                                    |
|                                       |   | . /  |
| Do you wish to provide general publ   | ic comment, or to speak for or against a proposa  |  |
| 7/                                    | 16/   | ( ) Against proposal                       |
| Name: Lesguru                         |   | ( ) General comments                       |
|                                       | A de la faction | 21 OF The Carton                           |
| Business or Organization Affiliation: | coguerny consul   | in come and                                |
| Address: 856/ 70%                     | tana St Duney   | Ca, 902 fl                                 |
| Street                                | City U  | State                                      |
| Business phone: 562-54/               | Representing: Ownerd  | 2) fondallor                               |
| 6                                     | 491   |  |
| CHECK HERE IF YOU ARE A PA            | AID SPEAKER AND PROVIDE CLIENT INFOI  | RMATION BELOW:                             |
|                                       |   |  |
| Client Name:                          |   | Phone #:                                   |
|                                       |   |  |
| Client Address: Street                | City  | Chalca                                     |
| Sueel                                 | CIIV  | State Zip                                  |

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| Date                               | THE CITY COUNCIL'S RULES OF                       | Council File N     | o., Agenda Item, or Case No.                                  |
|------------------------------------|---|--------------------|---|
| aug                                | DECORUM WILL BE ENFORCED.                         | 11-00              | 723 #7  |
| I wish to speak before the         | City Conneil                                      |                    |   |
|                                    | Name of City Agency, Department, Committee        | or Council         | ^   |
| Do you wish to provide general p   | oublic comment, or to speak for or against a prop | oosal on the agend | a? (X) For proposal ( ) Against proposal ( ) General comments |
| •                                  |   |                    | ,   |
| Business or Organization Affiliati | on: BCC   |                    |   |
| Address: <u>WS Asmews</u>          | od Rd LA  | CA                 | 90049<br>Zip  |
| Business phone: 3(1 472 9          | City Representing: BCC                            | State              | Zip   |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER AND PROVIDE CLIENT IN              | FORMATION BEL      | .ow:  |
| Client Name:                       |   |                    | Phone #:  |
| Client Address:                    |   |                    |   |
| Street                             | City  | State              | Zip   |

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| 28 AUG 2013                                    | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Age | nda Item, or Case No.             |
|--|---|-----------------------|-----------------------------------|
| I wish to speak before the                     | Name of City Agency, Department, Committee            | e or Council          |                                   |
| -  | public comment, or to speak for or against a pro      | posal on the agenda?  | ) For proposal                    |
| Name: WAYNE                                    | HEALY   |                       | Against proposal General comments |
| <i>I</i><br>Business or Organization Affiliati | ion: EAST LOS STREETS                                 | SCADERS               |                                   |
| Address: ROB 31460                             |   | CA                    | 90021                             |
| Olloct   | 01.7  | State                 | Źip /                             |
| , ,  | 1676 Representing: GCF                                |                       |                                   |
| CHECK HERE IF YOU ARE A                        | A PAID SPEAKER AND PROVIDE CLIENT IN                  | NFORMATION BELOW:     |                                   |
| Client Name:                                   |   | Phone                 | » #:                              |
| Client Address:                                | Oit.  | OLL                   | 72                                |
| Street   | City  | State                 | Zip                               |

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| Date XVX 29, 2013                     | THE CITY COUNCIL'S RULES OF   | Council File N   | o., Agenda Item, or Case No.  |
|---------------------------------------|---|------------------|---|
| / ( ) - ( ) - ( ) - ( )               | DECORUM WILL BE ENFORCED.   |                  | XX  |
| wish to speak before the              | ary connact   |                  |   |
| Na                                    | ame of City Agency, Department, Committee or  | Council          |   |
| Name: 15MMS 16MM                      | comment, or to speak for or against a proposa   | al on the agenda | a? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation: | A TIME OF THE PROPERTY OF THE | 1 1 100          | 1 TO M THAT   |
| Address: 3540 N · N                   | MISSAON KD. LOS ARBE  | IB CA            | 90031   |
| Business phor(e <i>G</i> 26) 993 40   | 74 Representing: City / PDL   | State 1          | Zip '   |
| CHECK HERE IF YOU ARE A PA            | ID SPEAKER AND PROVIDE CLIENT INFOR   | RMATION BEL      | ow:   |
| Client Name:                          |   |                  | Phone #:  |
| Client Address:                       |   |                  |   |
| Street                                | City  | State            | Zip   |

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| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Council File No., Agenda Item, or ITEM AT NUMBER OF NO. |                                |
|---|--------------------------------|
| I wish to speak before the LA city Council  |                                |
| 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 propo   | osal A<br>proposal<br>comments |
| Business or Organization Affiliation: VENICE ARTS COUNCIL   |                                |
| Address: 739 PALMS BLUD. VENICE A 90291   |                                |
| Street City State Zip  Business phone: (310) 306 7372 Representing: VENICE ARTS COUNCIL   |                                |
| 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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| Date & S.A.                | THE CITY COUNCIL'S RULES OF   | Council File No., A | ngenda Item, or Case Na /  |
|----------------------------|---|---------------------|--|
| 1/4/2/2 Del 2              | DECORUM WILL BE ENFORCED.   | 11                  | 1072 XX  |
|                            | A A   |                     | 700  |
| I wish to speak before the | City Come   |                     |  |
|                            | Name of City Agency, Department, Committee                              | or Council          |  |
|                            | oublic comment, or to speak for or against a propo<br>on: Aztecs Risins | osal on the agenda? | ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Address: Street            | s. Esoadway LA  | CA                  | 9003/  |
| Business phone: (323) 441- | City OI 7 Representing:   | State               | Zip  |
| CHECK HERE IF YOU ARE A    | PAID SPEAKER AND PROVIDE CLIENT INF                                     | ORMATION BELOW      | /:   |
| Client Name:               |   | Pho                 | one #:   |
| Client Address:            |   |                     | · ·  |
| Street                     | City  | State               | Zip  |

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| Date 8/28/2013                     | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File N       | No., Agenda Item, or Case No.             |
|------------------------------------|---|----------------------|---|
| I wish to speak before the         | Name of City Agency, Department, Committee of         | or Council           | . A 114                                   |
| Do you wish to provide general p   | oublic comment, or to speak for or against a propo    | sal on the agend     | ar For proposal                           |
| Name: FEINA D. C                   | ERVANIEZ  |                      | ( ) Against proposal ( A General comments |
| Business or Organization Affiliati | on: ARTIST - PROF, CSUN                               | •                    |   |
| Address: 2 4409/2 V                | AN HOENE LOS Angeles,                                 | . <i>CA</i><br>State | 90031<br>Zip                              |
| Business phone: 3/8-677-6          | 259/ Representing:                                    | well                 |   |
|                                    | PAID SPEAKER AND PROVIDE CLIENT INFO                  | 1 /                  | .ow:                                      |
| Client Name:                       |   |                      | Phone #:                                  |
| Client Address:                    | City  | State                | Zip                                       |

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

|                               |                | ( )   |                 |   |
|-------------------------------|----------------|---|-----------------|---|
| Date 8/28/13                  |                | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File    | No., Agenda Item, or Case No.  Ord Inamil     |
| I wish to speak before the    |                | City Council of City Agency, Department, Committee of | r Council       |   |
| •                             |                |   |                 |   |
| Do you wish to provide gene   | ral public cor | nment, or to speak for or against a propo             | sal on the agen | nda? ( ) For proposal                         |
| Name: Felipe SA               | nels           |   |                 | ( ) Against proposal     ( ) General comments |
| Business or Organization Affi | liation:       | SPARU   |                 |   |
| Address: <u>685 Ven</u>       | 100            | Venier  | G               | 90291   |
| Street Business phone:        |                | City  Representing:                                   | State           | Zip   |
|                               |                | SPEAKER AND PROVIDE CLIENT INFO                       |                 | ELOW:   |
|                               |                |   |                 |   |
| Client Name:                  |                |   |                 | _ Phone #:                                    |
| Client Address:               |                |   |                 |   |
| Street                        | -              | City  | State           | Zip   |

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| EACEPTIO                          | INE EXILIAL MECE                        | SOANT FOR THE PRESE                       | JING OFFICER TO CALL U    | 7-014 100 V  |
|-----------------------------------|---|---|---------------------------|--|
| Date 8/28/13                      |   | Y COUNCIL'S RULES (<br>JM WILL BE ENFORCE |                           | No., Agenda Item, or Case No.  |
| I wish to speak before the        | Name of City A                          | City Co                                   |                           |  |
|                                   | rearries or only re                     | gonoy, population, con                    |                           |  |
| Do you wish to provide general    | public comment, o                       | or to speak for or against                | t a proposal on the agend | da? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Name:                             |   | 1 ·Cr                                     |                           | · '  |
| Business or Organization Affiliat | tion: 574                               | SRC.                                      |                           |  |
| Address: 685 Vo                   |   | Venice                                    | C-K-<br>State             | 90291  |
|                                   |   |   | State                     | Zip  |
| Business phone:                   | Repre                                   | esenting:                                 |                           |  |
| CHECK HERE IF YOU ARE             | A PAID SPEAKE                           | R AND PROVIDE CLIE                        | ENT INFORMATION BE        | LOW:   |
| Client Name:                      |   |   |                           | Phone #:   |
|                                   | *************************************** |   |                           |  |
| Client Address:                   |   |   |                           |  |
| Street                            |   | City                                      | State                     | Zip  |

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| Date 8/28/13                      | 1                  | COUNCIL'S RULES OF<br>I WILL BE ENFORCED.   | Council File No., | Agenda Item, or Case No. |
|-----------------------------------|--------------------|---|-------------------|--------------------------|
| I wish to speak before the        |                    | Crty Council ency, Department, Committee or | Council           |                          |
| Do you wish to provide general    | public comment, or | to speak for or against a propos            | al on the agenda? | ( ) Against proposal     |
| Name: London                      | <u>James</u>       |   |                   | ( ) General comments     |
| Business or Organization Affiliat | tion: SPA          | RC  |                   |                          |
| Address:Street                    | Venice             | Venice                                      | State             | 90291                    |
| Business phone:                   |                    | •   |                   | ZIP                      |
| CHECK HERE IF YOU ARE             | ·                  |   |                   | w:                       |
| Client Name:                      |                    |   | Ph                | one #:                   |
| Client Address:                   |                    |   |                   |                          |
| Street                            |                    | City  | State             | Zip                      |

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|   | Sim make many in the department of the second |                           |                     |  |
|---|---|---------------------------|---------------------|--|
| Date 8-27-7513                          | THE CITY COUNC                                |                           | Council File No., A | genda Item, or Case No.                                      |
| I wish to speak before the              | Counil  | -                         |                     |  |
| ,                                       | Name of City Agency, Dep                      | artment, Committee or C   | Council             |  |
| Do you wish to provide general posture: | OMMINS  | for or against a proposal | on the agenda? A    | ≺For proposal <b>B</b> ) Against proposal ) General comments |
| Business or Organization Affiliati      | ion: $MVCC$                                   |                           |                     |  |
| Address:                                | ***************************************       | City                      | State               | Zip  |
| Business phone:                         |   |                           |                     |  |
| CHECK HERE IF YOU ARE                   | A PAID SPEAKER AND PR                         | OVIDE CLIENT INFOR        | MATION BELOW        |  |
| Client Name:                            |   |                           | Pho                 | ne #:  |
| Client Address:                         |   | City                      | State               | Zip  |
|   |   |                           |                     |  |

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| Date 1                                   | THE CITY COUNCIL'S RULES OF                  | Council File No., Agenda Item, or Case No. |
|--|--|--|
| 12/26/15                                 | DECORUM WILL BE ENFORCED.                    | Ideas at 7                                 |
|  |  |  |
| I wish to speak before the               | Coto (an                                     |  |
|  | e of City Agency, Department, Committee or   | Council                                    |
|  | V  | $\mathcal{A}$                              |
| Do you wish to provide general public of | omment, or to speak for or against a proposa |  |
| Name: 703001                             | VARODS                                       | ( ) General comments                       |
| Business or Organization Affiliation:    |  |  |
| Address: ZI W                            | . The Strace                                 | 196014                                     |
| Street                                   | City   | State J Zip                                |
| Business phone:                          | Representing:                                |  |
| CHECK HERE IF YOU ARE A PAID             | SPEAKER AND PROVIDE CLIENT INFO              | RMATION BELOW:                             |
| Client Name:                             |  | Phone #:                                   |
|  |  |  |
| Client Address:                          | Oth.   | 04-4-                                      |
| Street                                   | City   | State Zip                                  |

| ) CITY                                | )F LOS ANGEL  | ES SPEAKER           | ARD              |   |
|---------------------------------------|---|----------------------|------------------|---|
| / YOU ARE NOT REC                     | UBLIC DOCUMENT SUBJE<br>QUIRED TO PROVIDE PERS<br>TENT NECESSARY FOR TH | ONAL INFORMATION     | N IN ORDER TO    | SPEAK,  |
| Park 1 2013                           | THE CITY COUNCIL'S<br>DECORUM WILL BE E                                 |                      | Council File N   | o Agenda Item, or Case No.  |
| I wish to speak before the            |   |                      |                  |   |
|                                       | pe of City Agency, Departr  | nept, Committee or   | Council          |   |
| Do you wish to provide general public | comment, or/to speak to   | or against a proposi | al on the agenda | a? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Name:                                 |   |                      |                  |   |
| Business or Organization Affiliation: | 000   |                      | 101              | 7 -   |
| Address:                              | VIS   | 1/1/6                |                  |   |
| Street                                | C) Ciry   |                      | State            | Żlip  |
| Business phone:                       | Representing:   |                      |                  |   |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROV  | IDE CLIENT INFOI     | RMATION BEL      | ow:   |
| Client Name:                          |   |                      |                  | Phone #:  |
| Client Address:                       |   |                      |                  |   |
| Street                                | City  |                      | State            | Zip   |

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| Date 08 28 20 3  | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No.  |
|--|---|---|
| I wish to speak before the   | is a coop Center                                      | 1   |
|  | Name of City Agency, Department, Committee of         | or Council  |
| Do you wish to previde general put Name:  Business or Organization Affiliation | Ech Park 1  | sal on the agenda? (i) For proposal ( ) Against proposal ( ) General comments  Degliborium Comments |
| Address:   | morton Ad- 16.4                                       | 1- 90% 76   |
| Business phone: 213  | 250 - 34 4/ City<br>Representing:                     | State Zip   |
| CHECK HERE IF YOU ARE A I  | PAID SPEAKER AND PROVIDE CLIENT INF                   | ORMATION BELOW:   |
| Client Name:   |   | Phone #:  |
| Client Address:  | City  | State Zip   |

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| Date 9 20 3                                      | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council Fite No., Agenda Item, or Case                                | No. |
|--|---|---|-----|
| I wish to speak before the                       | .A. City Council                                      |   |     |
|  | Name of City Agency, Department, Committee of         | or Council  |     |
| Do you wish to provide general put Name: Samanth | ublic comment, or to speak for or against a propo     | osal on the agenda? For proposal  ( ) Against propos ( ) General comm |     |
| Business or Organization Affiliation             | n: Aztecs Rising                                      |   |     |
| Address: 3516 N.                                 | Broadway LA.  | ca. 90031   |     |
| Business phone 323 441-(                         | 0187 Representing: MWA (                              | ordinan Cl  |     |
| _  | PAID SPEAKER AND PROVIDE CLIENT INF                   | ORMATION BELOW:   |     |
| Client Name:                                     |   | Phone #:  |     |
| Client Address:                                  | City  | State Zip   |     |

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| EXCEPT TO I                                | THE EXTENT NECESSART FOR THE PRESIDING OF             | TICEN IO CALL OP    | JN 100  |
|--|---|---------------------|---|
| Date 8-28-2013                             | 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          | 1.4/570   |
| Do you wish to provide general Name: DENSY | public comment, or to speak for or against a prop     | oosal on the agenda | PHOUS, Por proposal ( ) Against proposal ( ) General comments |
| Business or Organization Affiliati         | ion: NEICH COCNOL LIS                                 | KSTCH.              | PLAYA   |
| Address: 7929 8                            | REEN AVE CA   | State               | Def Zid   |
|  | A PAID SPEAKER AND PROVIDE CLIENT IN                  |                     | ow:   |
| Client Name:                               |   | P                   | hone #:   |
| Client Address:                            | City  | State               | Zip   |

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| <u></u>                              |  |  |
|--------------------------------------|--|--|
| Date                                 | THE CITY COUNCIL'S RULES OF                      | Council File No., Agenda Item, or Case No. |
| 8.28.13                              | DECORUM WILL BE ENFORCED.                        | ***************************************    |
| I wish to speak before the           | Council  | <b></b>                                    |
|                                      | Name of City Agency, Department, Committee       | ee or Council                              |
|                                      | oublic comment, or to speak for or against a pro | ( Against proposat                         |
| Name: Kicardo Guek                   | RERO   | General comments                           |
| Business or Organization Affiliation | on: Pier Union Housing Corp.                     | (The GRANG LAB)                            |
| Address: 1038 Vanice                 | bl dos Angelas                                   | Calif 90013                                |
| Street Business phone: 213-747-27    |  | State 7 Zip                                |
| ·                                    | A PAID SPEAKER AND PROVIDE CLIENT I              | NFORMATION BELOW:                          |
| Client Name:                         |  | Phone #:                                   |
| Client Address:                      | Citv   | Ctota 7in                                  |
| ⊃ાહ€દ                                | City   | State Zip                                  |

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|                                    | _   | <u> </u>                                   |
|------------------------------------|---|--|
| Date 8/28/13                       | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
| I wish to speak before the         | City Coun sic   |  |
|                                    | Name of City Agency, Department, Committee or         | Council                                    |
|                                    | public comment, or to speak for or against a propos   | ( ) Against proposal                       |
| V                                  |   | <b>—</b>                                   |
| Business or Organization Affiliati | ion: <u>PICO UNION</u> H                              | 0001000                                    |
| Address:                           | ion: <u>Pico Union</u> H<br>Venice Blvd LA            | CA Gools State Zip                         |
| Business phone: 7.3 747            | 2 - 77-90 Representing:                               |  |
| Ç. ,                               | A PAID SPEAKER AND PROVIDE CLIENT INFO                |  |
| Client Name:                       |   | Phone #:                                   |
| Client Address:                    | City  | State Zip                                  |

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| Date Aug 28-2013           | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.                             | Council File No., Age | enda Item, or Case No.                                      |
|----------------------------|---|-----------------------|---|
| I wish to speak before the | Countre!  |                       |   |
|                            | Name of City Agency, Department, Commit   | tee or Council        |   |
| Name: Samuel D             | public comment, or to speak for or against a p<br>Pawes<br>ion: Pico Union Housin | ( <b>)</b>            | ) For proposal<br>) Against proposal<br>?) General comments |
|                            | nice Blud Ca  |                       | 90015   |
| Business phone: 313-74     | City<br>+7-2790 Representing:   | State                 | Zip   |
| CHECK HERE IF YOU ARE A    | A PAID SPEAKER AND PROVIDE CLIENT   | INFORMATION BELOW:    |   |
| Client Name:               |   | Phon                  | e #:  |
| Client Address:            |   |                       |   |
| Street                     | City  | State                 | Zip   |

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| )                                 |   |  |
|-----------------------------------|---|--|
| Date Stack 3                      | THE CITY COUNCIL'S RULES OF                         | Council File No., Agenda Item, or Case No.                   |
| I AWID                            | DECORUM WILL BE ENFORCED,                           | 1 1 11-0923  |
| I wish to speak before the        | City-Council  |  |
|                                   | Name of City Agency, Department, Committee or       | Council  |
|                                   | public comment, or to speak for or against a propos | ral on the agenda? (*/) For proposal<br>( ) Against proposal |
| Name: Unvistica S                 | MTZ_  | ( ) General comments   |
| Business or Organization Affiliat | tion: Pacific Palisades Con                         | conunity Council   |
| Address:                          | Pacific Palisad                                     | les, CA 90272  |
| Street                            |   | State Zip  |
| Business phone: 310- 721-         | Representing: PPCC                                  |  |
|                                   | A PAID SPEAKER AND PROVIDE CLIENT INFO              | PRMATION BELOW:  |
| Client Name:                      |   | Phone #:   |
| Client Address:                   |   |  |
| Street                            | City  | State Zip  |

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| Date 8 · 28 · 20/3                    | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Age | nda Item, or Case No.                          |
|---------------------------------------|---|-----------------------|--|
| I wish to speak before the            | ity Council   |                       |  |
| Nam                                   | e of City Agency, Department, Committee or            | Council               |  |
| Name: Francisc                        | comment, or to speak for or against a proposa         |                       | For proposal Against proposal General comments |
| Business or Organization Affiliation: | MUtalist / Att  | -block                |  |
| Address: 567 3/4                      | Brooks Ave Ve   | mice, G               | 9 90291  |
| Business phone 3 10 403 7             | City:   | State                 | Zip  |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROVIDE CLIENT INFOR                      | RMATION BELOW:        |  |
| Client Name:                          |   | Phone                 | ; #:   |
| Client Address:                       | City  | State                 | Zip  |

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|------------------------------------|--|---------------------------|-------------------|----------------------------|---|
| Date 8/24/13                       | THE CITY COUNCIL'S DECORUM WILL BE E   |                           | Council File No., | Agenda Item, or            | Case Not                                |
| I wish to speak before the         | City Coural Name of City Agency, Departr   | nent Committee or Cour    | ncil              |                            |   |
|                                    | rianic of only Agency, Departi   | nont, committee or cour   | ion               |                            |   |
| Do you wish to provide general p   |  | or against a proposal on  | the agenda?       | For propo<br>( ) Against p | sal<br>proposal                         |
| Name: / Name                       | Lucks  |                           |                   | ( ) General                | comments                                |
| Business or Organization Affiliati | ion: Pres. Venuce  | Neighborhowa              | 1 Cou             | ncil                       |   |
| Address: P. J. Box                 | 504 Ve   | ne c                      | 1                 | 90294                      |   |
| Business phone: 3/05               | -4220 Representing:  |                           | State             | Zip /                      |   |
| CHECK HERE IF YOU ARE              | A PAID SPEAKER AND PROV  | IDE CLIENT INFORMA        | TION BELO         | w:                         |   |
| Client Name:                       |  |                           | PI                | none #:                    |   |
| Client Address:                    | City   |                           | State             | Zip                        | *************************************** |

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| Date \$28 "2013                      | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No.   |
|--------------------------------------|---|--|
| I wish to speak before the           | Mural ORdinan   |  |
|                                      | Name of City Agency, Department, Committee or         | Council  |
| Name: ERNESTO                        | oublic comment, or to speak for or against a proposa  | al on the agenda? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation | on: L-H. MURALIST                                     |  |
| Address: <u>1906</u>                 | NOROWAN AN L  | A. CA 40032  |
| Street                               | 7-8903 Representing: <u>UTY WID</u>                   | State Zip  BUDACS  |
|                                      | PAID SPEAKER AND PROVIDE CLIENT INFO                  |  |
| Client Name:                         |   | Phone #:   |
| Client Address:                      |   |  |
| Street                               | Citv  | State Zip  |

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|                                    |                 |  | - · · · · · · · · · · · · · · · · · | - Australian -   |
|------------------------------------|-----------------|--|-------------------------------------|--|
| Dat 4 6 2                          | 8-20B           | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  | Council File No., Age               | enda Item, or Case No.                                     |
| I wish to speak before             | theNan          | he of city Agency, Department, Committee   | or Council                          | Γ')  |
| Do you wish to provide Name:       | general public  | comment, or to speak for or against a prop   | osal on the agenda? (C              | ) For proposal<br>) Against proposal<br>) General comments |
| Business or Organization  Address: | on Affiliation: | NNETH MAY  | PASA C                              | A 9//03  |
| Business phone:                    |                 | Representing: A Company of the Compa | FORMATION BELOW:                    |  |
| Client Name:                       |                 |  | Phone                               | e #:   |
| Client Address:                    | reet            | City   | State                               | Zin  |

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| Date                              | THE CITY COUNCIL'S RULES OF                  | Council File No., A          | Agenda Item, or Case No.              |
|-----------------------------------|--|------------------------------|---------------------------------------|
| 2-28-13                           | , DECORUM WILL BE ENFORCED.                  | 1/- 0                        | 923 (7)                               |
| I wish to speak before the        | City lounci                                  | L                            |                                       |
|                                   | Name of City Agency, Department, Comm        | ittee 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 |
| Name:                             | O MEKSIN                                     | ?                            | ( ) General comments                  |
| Business or Organization Affiliat | ion: Sell                                    |                              |                                       |
| Address: 1028                     | E Palmerma                                   | Gul                          | 40026                                 |
| Street  Business/phone-250        | H35 Representing:                            | State                        | Žip                                   |
|                                   | A PAID SPEAKER AND PROVIDE CLIENT            | ${\cal V}$ information below | v:                                    |
| Client Name:                      |  | Pho                          | one #:                                |
| Client Address:                   |  |                              |                                       |
| Street                            | City   | State                        | Zip                                   |

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| Date                              | THE CITY COUNCIL'S RULES OF                          | Council File N | lo., Agenda Item, or Case No.  |
|-----------------------------------|--|----------------|--|
|                                   | DECORUM WILL BE ENFORCED.                            |                | 7  |
| I wish to speak before the        | Carmelo of war                                       | 2 Z            |  |
|                                   | Name of City Agency, Department, Committee or        | Council        | and the second s |
|                                   | public comment, or to speak for or against a proposa | I on the agend | a? ( ) For proposal<br>( ) Against proposal<br>( ) General comments  |
| Business or Organization Affiliat | ion:   |                |  |
| Address:                          |  |                |  |
| Address:Street                    | City   | State          | Zip  |
| Business phone:                   | Representing:  |                |  |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER AND PROVIDE CLIENT INFOR              | RMATION BEL    | LOW:   |
| Client Name:                      |  |                | Phone #:   |
| Client Address:                   | . City   | State          | Zip  |

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| Date 8/28/13               | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. |
|----------------------------|---|--|
| I wish to speak before the | City Council  |  |
| ,                          | Name of City Agency, Department, Committee            | e or Council                               |
|                            | oublic comment, or to speak for or against a pro      | posal on the agenda? For proposal          |
| Name: Name: (              | OLabisi   | General comments                           |
|                            | on: Muralist sett                                     | employed                                   |
| Address: 4/0 5 /           | Buslang AVE #11                                       | A: Calf. 90037                             |
| Business phone 323 299-    | Bubling AVE #12<br>2808 Representing: My self         | State Zip                                  |
|                            | u PAID SPEAKER AND PROVIDE CLIENT IN                  |  |
| Client Name:               |   | Phone #:                                   |
| Client Address:            | City  | State Zip                                  |

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| EXOLITIO   | HE EXITED DECEMBER 1 OR 1 HE LIFEDING           | OFFICER TO CALL OF ON 100   |  |
|--|---|---|--|
| Date   | THE CITY COUNCIL'S RULES OF                     | Council File No., Agenda Item, or Case No.                                      |  |
| 8.28.13  | DECORUM WILL BE ENFORCED.                       | 7   |  |
| I wish to speak before the   | Con council                                     |   |  |
| ·  | Name of City Agency, Department, Committ        | ee or Council   |  |
| Do you wish to provide general p   | oublic comment, or to speak for or against a pi | roposal on the agenda? ( For proposal ( ) Against proposal ( ) General comments |  |
| Business or Organization Affiliati   | on: Pius Umion Ho                               | USA   |  |
| Address: 1578 VI   | mire Los Angells                                | 90015   |  |
|  | を262 Representing: Representing:                | Union Honoring  |  |
| 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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| Date                                 | THE CITY COUNCIL'S RULES O                 | F Council File N         | ., Agenda Item, or Case No.              |
|--------------------------------------|--|--------------------------|--|
| 8178/17                              | DECORUM WILL BE ENFORCE                    | o. /                     | +  |
|                                      |  |                          |  |
| I wish to speak before the           | CAY COLACIU                                |                          |  |
|                                      | Name of City Agency, Department, Com       | mittee or Council        |  |
| Do you wish to provide general p     | public comment, or to speak for or against | a proposal on the agenda | ? ( For proposal<br>( ) Against proposal |
| Name: MARTIN                         | 1 CHARLOT                                  |                          | ( ) General comments                     |
| Business or Organization Affiliation | on: ARTISY                                 |                          |  |
| Address: 127 NOT                     | TH TAPLE ST. BIZ                           | BARK CA                  | 91509                                    |
| Street                               | City                                       | State                    | Zip                                      |
| Business phone:                      | Representing: AR75                         | 9                        | parameter services                       |
|                                      | A PAID SPEAKER AND PROVIDE CLIE            | •                        | ow:                                      |
| Client Name:                         |  | F                        | Phone #:                                 |
| Client Address:                      |  |                          |  |
| Street                               | City                                       | State                    | Zip                                      |

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| Date  | THE CIT                 | TY COUNCIL'S RULES OF        | Council File         | No., Agenda Item, or Case No.                 |
|---|-------------------------|------------------------------|----------------------|---|
| 08-28-13  | DECOR                   | UM WILL BE ENFORCED.         | 7                    |   |
| I wish to speak before the                      | L65 Ana<br>Name of City | Agency, Department, Comm     | littee or Council    |   |
| Do you wish to provide general                  | public comment, o       | or to speak for or against a | proposal on the agen | da? (X) For proposal                          |
| Name: Anthony                                   | 6 60M                   | EZ                           |                      | ( ) Against proposal     ( ) General comments |
| Name: An-Huony Business or Organization Affilia | tion: Aztec             | Shising                      |                      |   |
| Address 7323 W.                                 | 12 th SK                | Los Angeles                  | Ca.                  | 90006   |
| Street  Business phone: 626-71                  | Z-6776 Repr             | resenting:                   | ordinance.           | Residential & Comer                           |
| CHECK HERE IF YOU ARE                           |                         |                              |                      | LOW:  |
| Client Name:                                    |                         |                              |                      | Phone #:                                      |
| Client Address:                                 |                         |                              |                      | ,   |
| Street  |                         | City                         | State                | Zip   |

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| Date 8/28//3  I wish to speak before the                  | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committed | City Council ee or Council |  |
|---|---|----------------------------|--|
| // ^ //   | blic comment, or to speak for or against a pr   | oposal on the agenda? (\)  | For proposal<br>Against proposal<br>General comments |
| Business or Organization Affiliation Address: 1038 U-lyni | : Pico Union Hou<br>ce los Angeles  | sing CA                    | 70015  |
| Business phone: 213:747-25                                | PAID SPEAKER AND PROVIDE CLIENT   | ion Housing                | zip  |
| Client Name:  | TAID OF EARTH AND FROM DELETE   | Phone :                    | #:   |
| Client Address: Street                                    | City  | State 2                    | Zip  |

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

| Date  | THE CITY COUN              | CIL'S RULES OF           | Council File No., A | genda Item, or Case No. |
|---|----------------------------|--------------------------|---------------------|-------------------------|
| 4ua 28.2013                                 | DECORUM WILL               | BE ENFORCED.             | 11-04               | 13 XX 1                 |
| I wish to speak before the                  | Cety Cours                 |                          |                     |                         |
| ·   | Name of City Agency, De    | epartment, Committee o   | or Council          | * ( * /                 |
| Do you wish to provide general p            | oublic comment, or to spea | k for or against a propo | sal on the agenda?  | For proposal A          |
| Name: <u>Suraure</u>                        | Thompson.                  | Co-brende                | (                   | ) General comments      |
| Business or Organization Affiliati          | on: Newce                  | Agets Cone.              | najl                | .,,                     |
| Address: <u>245</u>                         | Kenne                      |                          | Journ               | 90291                   |
| Street<br>Business phone: <u>3/0 -590-3</u> | 549 Representing:          | Jeure Juss               | june f              | Zip *                   |
| CHECK HERE IF YOU ARE A                     |                            | •                        | ORMATION BELOW      |                         |
| Client Name:                                |                            |                          | Pho                 | ne #:                   |
| Client Address:                             |                            | City                     | State               | Zip                     |
| Street                                      |                            | Oity                     | State               | ₩.tP                    |

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| Date  B/2B/13  I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | 1797            | ., Agenda Item, or Case No.  |
|---|---|-----------------|--|
| Nam                                       | e of City Agency, Department, Committee or (          | Council         |  |
| Do you wish to provide general public c   | omment, or to speak for or against a proposa          | I on the agenda | ? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation:     | SANCH TO INVOLVE PL                                   | IMO ATE         | EMCANE (SIPA)  |
| Address: <u>3200 W 7.</u>                 | AME OT LA   | CA              | 9026   |
| Business phone: (2/3)36                   | 7- Representing: SIPA                                 | State           | Zip  |
| CHECK HERE IF YOU ARE A PAID              | SPEAKER AND PROVIDE CLIENT INFOF                      | RMATION BELC    | ow:  |
| Client Name:                              |   | P               | hone #:  |
| Client Address:                           |   |                 |  |
| Street                                    | City  | State           | Zip  |

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

| EXCE                       | PT TO THE EXTENT NECESS                        | SARY FOR THE PRESIDING                 | OFFICER TO CALL U     | PON YOU -              |            |
|----------------------------|--|--|-----------------------|------------------------|------------|
| Date 8 28 1                | f-2  | COUNCIL'S RULES OF I WILL BE ENFORCED. | Council File N        | o., Agenda Item, or Ca | ase No.    |
|                            |  |  | 3/11                  |                        |            |
| I wish to speak before the | osn)   | C/L                                    |                       | 0097160                | <u> </u>   |
| ·                          | Name of City Age                               | ency, Department, Commit               | tee or Council        |                        | 4 14       |
| _                          | eneral public comment, or                      |  | proposal on the agend | ( ) Against pro        | posal      |
| Name:                      | BEZ ROJAT- W                                   | , chilama                              |                       | (# General co          | mments     |
| Business or Organization   | Affiliation:                                   | nd . Ear                               | 1A BONI               |                        |            |
| Address:                   | W. 000 3311                                    | 113                                    | 4 700                 |                        | , <u>.</u> |
| Business phone:            | W. W/SH-6800<br>-13)291-6800<br>Representation | enting: MCLO                           | State                 | Zip                    |            |
|                            | ARE A PAID SPEAKER                             |  |                       |                        |            |
| Client Name:               |  |  |                       | Phone #:               |            |
|                            | ***************************************        |  |                       |                        | yer        |
| Client Address:            |  |  |                       |                        |            |
| Stree                      | t  | City                                   | State                 | Zip                    |            |

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| Date 8/28/20/3  I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Cholina Medical Committee or Conference of City Agency, Department, Committee or | re T           | Agenda Item, or Case No.      |
|--|--|----------------|-------------------------------|
| Do you wish to provide general public co   | omment, or to speak for or against a proposal  | on the agenda? | (L) For proposal              |
| Name:                                      | Sigueiros Fondo<br>Cullen St.  | tion of        | General comments  He ACS  Zip |
| CHECK HERE IF YOU ARE A PAID               | SPEAKER AND PROVIDE CLIENT INFOR   | MATION BELO    | w:                            |
| Client Name:                               |  | Ph             | none #:                       |
| Client Address:                            | City   | State          | Zip                           |

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

| Date 8/28/13                          | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No.  Mural Ordinama |
|---------------------------------------|---|--|
| I wish to speak before theNan         | ne of City Agency, Department, Committee              | or Council   |
| Name: Callor Rogal                    | comment, or to speak for or against a prop            | osal on the agenda? ( ) For proposal                       |
| Business or Organization Affiliation: | SPARC   |  |
| Address: 685 Vanice Street            | Vonea C   | 1009) State Zip  |
| Business phone:                       | Representing: SPARC                                   |  |
|                                       | SPEAKER AND PROVIDE CLIENT INI                        | FORMATION BELOW:   |
| Client Name:                          |   | Phone #:   |
| Client Address:                       | City  | State Zin  |

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| Date 8 28 13                          | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No.  Murals                         |  |  |
|---------------------------------------|---|-------------------|--|--|--|
| I wish to speak before the            | Name of City Agency, Department, Committee            | or Council        |  |  |  |
| Do you wish to provide genera         | I public comment, or to speak for or against a propo  |                   | For proposal  ( ) Against proposal  ( ) General comments |  |  |
| Business or Organization Affiliation: |   |                   |  |  |  |
| Address: Street                       | City  | State             | Zip  |  |  |
| Business phone:                       | Representing:   |                   |  |  |  |
|                                       | A PAID SPEAKER AND PROVIDE CLIENT INF                 |                   | w:   |  |  |
| Client Name:                          |   | Ph                | one #:   |  |  |
| Client Address:                       | City  | State             | Zip  |  |  |
|                                       | ,   |                   | •  |  |  |

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|                            | _   |                  |  |
|----------------------------|---|------------------|--|
| Date 8/13                  | 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          |  |
| Name: Willie II            | oublic comment, or to speak for or against a propos   |                  | ? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |
| Address:Street             | City  | State            | Zip  |
|                            | Representing:   |                  |  |
| CHECK HERE IF YOU ARE A    | A PAID SPEAKER AND PROVIDE CLIENT INFO                | RMATION, BELC    | ow:  |
| Client Name:               |   | p                | hone #:  |
| Client Address:Street      | City  | State            | Zip  |
|                            |   |                  |  |

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| Date 8/28/13                                       | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.    | Council File No., Agenda Item, or Case N  Murals Ordanance F | فعيير بمحوسيوسا |
|--|--|--|-----------------|
| I wish to speak before the                         | Name of City Agency, Department, Committee               | e or Council   |                 |
|  | public comment, or to speak for or against a prop        | posal on the agenda? ( ) For proposal<br>( ) Against proposa |                 |
| Name: Durid Bo  Business or Organization Affiliati | tello<br>ion: Publie Artist - East<br>Calandria Dr. L.A. | Var Street scapers   | nts             |
| Address: 4962 La Street                            | Calandria Dr. L.A.                                       | <u>OA</u> 90072  | ·····           |
|  | Representing:  |  |                 |
| CHECK HERE IF YOU ARE                              | A PAID SPEAKER AND PROVIDE CLIENT IN                     | NFORMATION BELOW:  |                 |
| Client Name:                                       |  | Phone #:   |                 |
| Client Address: Street                             | City   | State Zip  | <del></del>     |

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| Date 28 / 3  I wish to speak before the   | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No. | , Agenda Item, or Case No. |  |
|---|---|------------------|----------------------------|--|
| T WISH to Spour boloro the  | Name of City Agency, Department, Committee o          | r Council        |                            |  |
| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  Name: |   |                  |                            |  |
|   |   |                  |                            |  |
| Address:Street  | City  | State            | Zip                        |  |
| Business phone:   | Representing:   |                  |                            |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  |   |                  |                            |  |
| Client Name:  |   | P                | hone #:                    |  |
| Client Address:Street   | City  | State            | Zip                        |  |

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|  |                             |                 |                | · · · · · · · · · · · · · · · · · · · |                         |
|--|-----------------------------|-----------------|----------------|---------------------------------------|-------------------------|
| Date 8-28-/3   | THE CITY COUNG DECORUM WILL |                 | J              | ouncil File No., A                    | genda Item, or Case No. |
| I wish to speak before the   | C/ Ty Coo                   | epartment, Comr | nittee or Coun | cil                                   |                         |
| Do you wish to provide general p   | ZIF                         | _               |                | Ą                                     | Against proposal        |
| Business or Organization Affiliati  Address: POBO 5  Street  Business phone: | on: <u>VALLOY</u> ALI       | tiANCE<br>HORAM | OF NE          | CABOR<br>CA                           | 4000 acura.             |
| Street  Business phone:  | Representing:               | City            | 3.             | State                                 | Zip                     |
| CHECK HERE IF YOU ARE A  |                             |                 |                |                                       |                         |
| Client Name:   |                             |                 |                | Pho                                   | ne #:                   |
| Client Address:  |                             | City            |                | State                                 | Zip                     |

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| Date /2/12   | THE CITY COUNCIL'S RULES OF                         | Council File N | a., Agenda Item, or Case No.                                       |             |
|--|---|----------------|--|-------------|
| 8/8/49   | DECORUM WILL BE ENFORCED.                           | (              |  |             |
| I wish to speak before the   | COUNCIL   |                |  |             |
| , 11077 to opour 2070.0 11.0   | Name of City Agency, Department, Committee or       | Council        | , u =  |             |
| Do you wish to provide general pu  | ublic comment, or to speak for or against a proposa |                | ? ( ) For proposal<br>( ) Against proposal<br>( ) General comments | <b> 0</b>   |
| Business or Organization Affiliation                                       | n:  |                |  |             |
| Address:Street   | Cíty  | State          | wy:  |             |
|  | Representing:                                       |                | Zip  |             |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: |   |                |  |             |
| Client Name:   |   | F              | Phone #:   |             |
| Client Address:  | City  | State          | Zip  | <del></del> |

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| EXCEPTIO   | THE EXTENT NECESSANT FOR THE PRESIDING C  | PERIOD CALL OPOI                        | 4 100  |
|--|---|---|--|
| Date 8/24/13   | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.                                 | Council File No.,                       | Agenda Item, or Case No.  J. Manadores                         |
| (<br>I wish to speak before the                      |   |   | `  |
| ·  | Name of City Agency, Department, Committe   | e or Council                            |  |
| Name: Rober to De  Business or Organization Affiliat | public comment, or to speak for or against a pro<br>of Hoyo<br>tion: Mobile Musel Lab |   | ( For proposal<br>( ) Against proposal<br>( ) General comments |
| Address: 40/5 4.2                                    | 22ad Pl. Cosfegulies  | CA                                      | 900/9  |
| Street   | City  | State                                   | Zip  |
| Business phone:                                      | Representing:   | *************************************** |  |
| CHECK HERE IF YOU ARE                                | A PAID SPEAKER AND PROVIDE CLIENT II  |   |  |
| Client Name:   |   | Ph                                      | one #:   |
| Client Address:                                      | City  | State                                   | Zip  |
| Queet  | Ony   | Sidio                                   |  |

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| Pate 8-28-13  | THE CITY COUNCIL<br>DECORUM WILL BE |                          |                | Agenda Item, or Clise No.             |
|---|-------------------------------------|--------------------------|----------------|---------------------------------------|
| wish to speak before the  | uty Coursel                         |                          |                |                                       |
|   | Name of City Agency, Depart         | ırtment, Committee or C  | Council        |                                       |
| Do you wish to provide general p  | oublic comment, or to speak for     | or or against a proposal | on the agenda? | ( ) For proposal                      |
| Name: DAUID 6   | APFINKLE                            |                          |                | ( ) Against proposal General comments |
| Business or Organization Affiliation: TARLANA PROPERTY OwnERS ASSOCIATION |                                     |                          |                |                                       |
| Address: 6073 C   | ALVIN AUE                           | TARZAM                   | CA             | 91356                                 |
| Address: 6073 C   | 3 8/-6-348 presenting: TA           | rzana pourast)           | 10 mays As     | Zip                                   |
| CHECK HERE IF YOU ARE A   |                                     |                          |                |                                       |
| Client Name:  |                                     |                          | Ph             | none #:                               |
| Client Address:   |                                     |                          |                |                                       |
| Street  | C                                   | ity                      | State          | Zip                                   |

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| Date 8 28 / 13  | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Iten                                      | n, or Case No.                           |
|---|---|--|--|
| I wish to speak before the  | Name of City Agency, Department, Commi                | ttee or Council  |  |
| Name: WILLE HE  | public comment, or to speak for or against a p        | proposal on the agenda? ( ) For proposal (x) Again (x) General (x) | roposal<br>nst proposal<br>eral comments |
| 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  |  |

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|---|---|---|--|--|
| I wish to speak before the  | COUNCIL   |   |  |  |
|   | Name of City Agency, Department, Committee or Council |   |  |  |
| Do you wish to provide general Name:  | public comment, or to speak for or against a pro      | roposal on the agenda? ( ) For proposal<br>( ) Against proposal<br>( ) General comments |  |  |
| Business or Organization Affiliation: LA FREEWALLS PROTECT  Address: C52 MWTFO ST. #302 LA CA. 7002/  Street City State Zip |   |   |  |  |
| Address: 652 M  | MIEO ST. 4702 LA                                      | <a. 90021<="" td=""></a.>   |  |  |
|   | City  Representing:                                   |   |  |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  |   |   |  |  |
| Client Name:  |   | Phone #:  |  |  |
| Client Address:Street   | City  | State Zip   |  |  |