13-1364

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Date (0/32) 14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	ublic comment, or to speak for or against a prop		() Against proposal () General comments
Business or Organization Affiliation	on: California Connon	Couze	
Address:Street	Oth	04-4-	~y1
	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:		F	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.
10-22-19	DECORUM WILL BE ENFORCED.	
I wish to speak before the	Name of City Agency, Department, Committee	or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agenda? (∠) For proposal
Name: RS	ver Gonzalez	() Against proposal () General comments
Business or Organization Affiliation	on: LA Area Ch	ends of Connece
Address:Street	5 Brea (52 L)	1 1 2 2 5 1 1 7 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date D[22][4] I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee	11	Agenda Item, or Case No.
Do you wish to provide general p	ublic comment, or to speak for or against a pro		() For proposal
Name: Doug	ARSENEAULT		() Against proposal (X) General comments
Business or Organization Affiliation	on: Valley Industry & Com	nerce Assoc.	
Address: Street	VAN NUYS BUR, LA,	CA 91304	1
Business phone: Street	City City Representing:	State	Zip
	AND THE PARTY NAMED IN COLUMN TO PARTY OF THE PARTY OF TH	NFORMATION BELO	w:
Client Name:		Pl	none #:
Client Address:			
Street	City	State	Zip

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Date 16/22/19	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 pub	lic comment, or to speak for or against a propo	sal on the agenda	? () For proposal
Name: SpN	WALSH		() Against proposal () General comments
Business or Organization Affiliation:			
Address:Street	6	Obsta	71
	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A P.	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

YOU ARE NOT REQUI	LIC DOCUMENT SUBJECT TO POSTING ON RED TO PROVIDE PERSONAL INFORMATION NT NECESSARY FOR THE PRESIDING OFFI	N IN ORDER TO S	SITE. PEAK, ON O
Date 22/4	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda IIem, or Case No
I wish to speak before the			- 7
/ Name	of City Agency, Department, Committee or	Council	
Do you wish to provide general public cor	nment, or to speak for or against a propos	al on the agenda	() For proposal Against proposal
Name:		/1-	() General comments
Business or Organization Affiliation:	1 PUL	7 4	~)
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		PI	hone #:
Client Address:			
Street	City	State	Zip

CITY	OF LOS ANGELES SPEA	KER CARD	ran FILE NO.
YOU ARE NOT REC	PUBLIC DOCUMENT SUBJECT TO POSTI QUIRED TO PROVIDE PERSONAL INFOR TENT NECESSARY FOR THE PRESIDING	MATION IN ORDER TO	SPEAK,
Date 10/22/2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	RELATIO	o., Agenda Item, or Case No.
wish to speak before theNam	ne of City Agency, Department, Commit	ttee or Council	KEND ELECTION DA KEND ELECTION DA NEPORT JESTERY DAAR
Do you wish to provide general public	comment, or to speak for or against a p	proposal on the agend	a? (For proposal 1
Name: GREGORY	WRIGHT		() Against proposal General comments
Business or Organization Affiliation:	SHERMAN DAKS I	Voca / 50	CAL ADA
Address: Street	VERSIDE DR. 43	5 SHERMS	M DAKS, CA
Business phone (ST8) 7840	Representing:		9/423
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip