

# CITY OF LOS ANGELES SPEAKER CARD

15-0330

**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  
5-20-15

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.  
15-0330 #19  
NORMS LA CIENEGA

I wish to speak before the CITY COUNCIL  
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak or against a proposal on the agenda?  For proposal  
 Against proposal  
 General comments

Name: MIKE CULONNA, PRESIDENT

Business or Organization Affiliation: NORMS RESTAURANTS, LLC

Address: 17904 LAKEWOOD BLVD BEVERLY HILLS CA 90706  
Street City State Zip

Business phone: 562-804-4485 Representing: NORMS

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.

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Date 5/2/15

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DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No. 19

I wish to speak before the \_\_\_\_\_  
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda?  For proposal  
 Against proposal  
 General comments

Name: Wage Spindler

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Date

5 20 2015

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Council File No., Agenda Item, or Case No.

item 19

I wish to speak before the \_\_\_\_\_  
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
( ) Against proposal  
( ) General comments

Name: Sean

Business or Organization Affiliation: \_\_\_\_\_

Address: 5747 Laverne Carls 91607  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: North Hill Wood 91607  
Street City State Zip

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Date

5.20.2015

**THE CITY COUNCIL'S RULES OF  
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.

(#19) 15-0330

I wish to speak before the

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 proposal

Against proposal

General comments

Name:

Adrian Scott Fine

Business or Organization Affiliation:

L.A. Conservancy

Address:

523 W. 6th St.

LA

CA

90014

Street

City

State

Zip

Business phone:

213-230-1103

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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Date 8-20-15

**THE CITY COUNCIL'S RULES OF  
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No. 19

I wish to speak before the CC  
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
( ) Against proposal  
( ) General comments

Name: Juan Alvarez

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

5-20

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H/S

Date 2015

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Council File No., Agenda Item, or Case No. 19 SP

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Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
( ) Against proposal  
( ) General comments

Name: Herman

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: RYU ☺ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip