A	CITY OF LOS AN	GELES SPEAK	ER CARD	#2
Date 4/15/09	THE CITY COUND		Council File I	No., Agenda Item, or Case No.
I wish to speak before the $- extit{\it f}$	12TS, Parks	HeAFK S	And C	Sunte.
	Name of City Agency, D	épartment, Committe	e o Council	*
Do you wish to provide general	public comment, or to spea	ık for or against a pro	oposal on the agend	
Name: 72172	BRONNER			Against proposal General comments
Business or Organization Affilia	tion:			
Address: 114/6	ORCAS Ar	LVT	/ CA	913/2
S y reet Business phone:	Representing:	City	/ State	Z ī p
CHECK HERE IF YOU ARE	A PAID SPEAKER AND I	PROVIDE CLIENT I	NFORMATION BE	LOW:
Client Name:				Phone #:
Client Address:		City	State	

	CHI OF LOS	ANOELES SPEAN	KEN VAND	/ 样 〈
Date 4/15/09		UNCIL'S RULES OF ILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
l-wish to speak before the/	ART PARKS Name of City Agence	y, Department, Committ	ee or Council	
Do you wish to provide general	public comment, or to s	peak for or against a pr	oposal on the agenda	
Name: Junn	Brown			(Against proposal () General comments
Rusiness or Organization Affiliat	tion: Finat	nia Trails	duc	
Address: 1547 1/	Sierra.	Bonita Ave		90046
Address: 1547 1/ Street Business phone: 323 8	74 - 6858 Represent	ing: ETI	State	^e Zip
Check here if you are /				ow:
Client Name:				Phone #:
Client Address:				
Street	`\	City	State	Zip

CITY OF LOC ANGELES SPEAKED CAPA

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

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Date 4-15-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	RTS, PARKS (15AL) Name of City Agency, Department, Commi	THA LIKE JOHN. ittee or Council
Do you wish to provide general p	oublic comment, or to speak for or against a p	
Name: /4 L MO	266 1A	() Against proposal () General comments
Business or Organization Affiliati	on;	
Address: 18/2 W. S	Silver Lake Drive	CA 90026
Street Business phone: 323-66/-	$\frac{\text{City}}{\sqrt{530}}$ Representing: $\frac{509}{50}$	State Zip Sierna Club Griddith Park Section
CHECK HERE IF YOU ARE A	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.

CITY (OF	LOS	ANGELES	SPEAKER	CARD
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

I wish to speak before the Arts, Parks,	Health And Agin	2	
Name of City	Agency, Department, Com	mittee or Council	/
Do you wish to provide general public comment	, or to speak for or against a	a proposal on the age da?	
Name: Ranald F. Brushg			() Against proposal () General comments
Business or Organization Affiliation: 5/erra	1 Club		
Address: 1400 Cleveland Road,	Glendale CA 9	1702	77
Business phone: (818)247-7710 Re	210)	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAK	(ER AND PROVIDE CLIEN	IT INFORMATION BELO	w:
Client Name:		P	hone #:
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.

Date 4-15-09	THE CITY COUNCIL'S RU DECORUM WILL BE ENFO	LES OF	e No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departmen	the Aging of Council	
	public comment, or to speak for or a	igainst a proposal on the ager	
	C. Sabo		Against proposal () General comments
Business or Organization Affiliat	ion: FTDNC, GGPNG	1 Amirs Garde	<u> </u>
Address: PO	Box 337	Surland CA State	9/04/ Zip
Business phone:	Representing: Sulf	P	···· ·
	A PAID SPEAKER AND PROVIDE	,	ELOW:
Client Name:		***************************************	Phone #:
Client Address:Street	City	State	Zip

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

	CITY OF LOS AND	äeles speaki	ER CARD	1	+2
Date 4/15/2009	THE CITY COUNC			No., Agenda Item, or	r Case No.
I wish to speak before the	APALA Name of City Agency, De	epartment, Committee	or Council		
Do you wish to provide general					
Name:	DARY BLUS.	on_		Against () General	comments
Business or Organization Affilia	ition: LOS AN	GELES TE	ALLS F	ROJECT	•
Name:	11070	Shellon	St SU	N VALLEY	21352
Business phone: Street	-5996 Representing:	City	State	Zip /	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND F	ROVIDE CLIENT IN	FORMATION BEI	LOW:	
Client Name:				Phone #:	
Client Address:Street		City	State	Zip	, , , , , , , , , , , , , , , , , , ,

/ /		
Date 15 09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $07 - 3494 - 57$
I wish to speak before the	Same of City Agency, Department, Committee	or Council
Do you wish to provide general pub	lic comment, or to speak for or against a prop	
Name: Caral	Brusha	Against proposal () General comments
Business or Organization Affiliation:		0
Address: 1400 O	leuleud Rd.	Ilevelule 91202
Business phone: 8 (8 - 2 4 7 - 7)		State Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT IN	FORMATION 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 4/15/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda				
I wish to speak before the	Avts Acyly Health, t Name of City Agency, Department, Committee	Aging or Council				
Do you wish to provide general	public comment, or to speak for or against a prop		or proposal			
Name: Micha	el Goodman	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	dainst proposal eneral comments			
Business or Organization Affiliat	ion:					
Address:Street						
Street	City	State Z	p			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Phone #	*			
Client Address:			-			
Street	City	State Zi	р			

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

	CITY OF LOS ANGEL	13 SPEAREN CA	and 073	494-51
Date #-(5-09	THE CITY COUNCIL'S I	HULES OF		enda Item, or Case No.
I wish to speak before the	Auts Parks A	Lealth of front, Committee or Cou	Acias J	
Do you wish to provide general	public comment, or to speak for c	or against a proposal or		
Name: <u>) ıyı </u>	JASENAUER		{	Against proposal) General comments
Business or Organization Affiliat	ion: International	Mongtain	Biogli	a Association
Address: 4359	ion: International PAMPAS RD Wo	solary Hills	(A	91364
Street Business phone: 868 70		ŧ	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFORMA	ATION BELOW:	
Client Name:			Pho	ne #:
Client Address: Street	City	<u> </u>	State	Zip

CITY OF LOS ANCELES SPEAKED CAPA

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

	OTT OF LOO ANGLED OF LA		# 4
Date 4-15-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No. 07ー31494-51
I wish to speak before the $ ilde{\mathcal{A}}r$	15 Parks, Health & Agin Name of City Agency, Department, Commi	S Comm ttee or Council	
Name: Marian I		proposal on the agend	a? () For proposal Against proposal () General comments
Business or Organization Affiliat Address: <u>2648 M. (</u> Street	Commonwerd the As.	1 A CA State	90017 Zip
	Representing:		•
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BEL	.ow:
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.

			# _
Date 4-15-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the Ar	ts Parks Heath and A Name of City Agency, Department, Committee of	Sing.	
	Name of City Agency, Department, Committee of	or Councily	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the age	
Name: Mark Lang	ton		(Against proposal () General comments
Business or Organization Affiliat	ion: Conejo OpinSpace Trails	Adviso	vy Committee
Address: 1296 Aug	ion: Conejo OpenSpace Trails sandro Dr. Newbury Par	L CA	191320
Business phone: \$65-55		Otato	ω.τ ν
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION B	ELOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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

	OILL OL FOR WAR	delo oreanen	I VAND	07-3494	-51
Date 4/15/09	THE CITY COUN	CIL'S RULES OF BE ENFORCED.		lo., Agenda Henz, or Ca la 150 m	
	APHA				
I wish to speak before the					
	Name of City Agency, D	epartment, Committee or	Council		
Do you wish to provide general Name: <u> </u>			al on the agend	la? () For propose (×) Against pro () General co	oposal
Business or Organization Affiliat	ion: 31erra	<i>C L J B</i>	/		
Address: 1255/ PR	ESNELL IT	4 A	CA	9.0066 Zip	
Address: $\frac{1255}{\text{Street}}$ Business phone: 82290	676 Representing	City	State	Zip	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT INFO	RMATION BEI	LOW:	
Client Name:				Phone #:	
Client Address:		City	State	Zip	

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

CIT	Y OF LOS ANGELES	SPEAKER CAR	łD	# _
Date April 15 2009	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	ES OF	uncil File No., Agenda It	em, or Case No.
I wish to speak before the Atla	Parks-Health	2 Agus	6/	
Nar	me of City Agency, Department,	Committee or Counc	il /	AMENDING
Do you wish to provide general public Name: Blandette	comment, or to speak for or ag	ainst a proposal on th	ne age/ida? (X) For () Ag	proposal ainst proposal eneral comments
Business or Organization Affiliation:			<i>!</i>	
Address: 2640 N. Ce	mmonwealth	CA CA	900 a	27
Business phone: 323-663-6	Representing:		Otate Zip	
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE	CLIENT INFORMATI	ON BELOW:	

City

Client Name:

Client Address: ____

Phone #:

Zip

State

				4-
Date 4/15/09	THE CITY COUND		Council File No. 07-3494-	, Agenda Item, or Case No. & S1
I wish to speak before theA	rts, Parks, Heal	th and Aging C	ommitte.	e /
	Name of City Agency, D	epartment, Committee or C	ouncil	
Do you wish to provide general p Name: <u>Jenni Fer Kl</u>	•	k for or against a proposal	on the agenda	() For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Los Angele	s County Bluy	le coplit	ion
Address: <u>634</u> S. Street			,	90014 Zip
Business phone: (213)629		,	State	ZIP
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND F	PROVIDE CLIENT INFORI	MATION BELO	w:
Client Name:			P	hone #:
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.

•	CITY OF LOS ANGI	ELES SPEAKER	CARD 07-	3494-51
Date 4/15/09	THE CITY COUNCIL		Council File No., A	genda Item, or Case No.
wish to speak before the	Arts, Parks, Heal	Im and Aging	Commilite	·e/
	Name of City Agency, Dep	artment, Committee or C	Council	
Do you wish to provide general plane:		for or against a proposal	on the agenda?	() For proposal () Against proposal () General comments
		\$ County	Brayde	
Business or Organization Affiliat Address: 634 5	Springst 821 Lo	os Angeles Dity	State 90	DO LA Zip
Business phone: 213 629	2142 Representing:		***************************************	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PR	OVIDE CLIENT INFOR	MATION BELOW	/ :
Client Name:			Ph	one #:
Client Address:		City	State	Zip

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April 15, 2009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Parks Health + A e of City Agency, Department, Committe	eel or Council
Do you wish to provide general public of Name:	/	
Business or Organization Affiliation:	Sierra (Plub/
Address: 6 D/ W; W Street Street	Representing:	$\frac{1}{2}$ State $\frac{1}{2}$
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.

CITY	OF LOS ANGELES SPEAK	(ER CARD 07-3494-51
Date April 15, 2009	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Committee of City Agency, Department, Committee	ee or Council
Do you wish to provide general public co	omment, or to speak for or against a pr	oposal on the agenda? () For proposal () Against proposal
Name: <u>Delphine Troub</u> Business or Organization Affiliation:		(x) General comments
Address: 4411 LOS Feliz #	n	2 _{CA} 90027 State Zip
Business phone:		
CHECK HERE IF YOU ARE A PAID Client Name:	SPEAKER AND PROVIDE CLIENT	Phone #:
Client Address:	City	State Zip

	CITY OF LOS ANGI	ELES SPEAKEF	R CARD	07-31	194-51
Date 4.74.09	THE CITY COUNCI DECORUM WILL B		Council F	ile No., Agenda	Item, or Case No.
wish to speak before the	Name of City Agency, Dep		r Council		
Do you wish to profide general	, , ,				or proposal Against proposal
Name: Susiness or Organization Affiliat	ion: Bike Win	fers Colld	hive		General comments
Address: //) Street			KA CH State	f 900	28 ip
Business phone:	Representing:				***************************************
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	OVIDE CLIENT INFO	ORMATION	BELOW:	
Client Name:				Phone #	:
Client Address: Street		Dity	State	Z	ip

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4/15/09	THE CITY COUNCIL'S DECORUM WILL BE			3494-51
I wish to speak before the	Name of City Agency, Depar	HA-	or Council	
Do you wish to provide general p	, , ,			() For proposal
Name: Oaya	Jobile comment, or to speak for	or against a propo	sai on the agenua?	Against proposal General comments
Business or Organization Affiliati	on:			
Address: 12601	Prod. INOY	LA	(0	90000

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

Date

Client Name: Phone #:

State

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.