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Date	CITY OF LOS ANGELES SPEAKER CARD THE CITY COUNCIL'S RULES COUNCIL COU
I wish to speak before the	L BE FAIR OF
Name: Martha Business or Organia	Name of City Agency, Department, Committee or Council Swiller or against a proposal on the agenda? (C) (C) (C) (C) (C) (C) (C) (C
Business or Organization Affiliation: Address: Business phone:	Against a proposal on the agenda? (Commission of the agenda? (Against proposal General comments) (Commission of the agenda? (Commission of
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	THE CITY COUNCIL'S RULES OF	CARD
I wish to speak before the LA	DECORUM WILL BE ENFORCED.	Council File A
assore the LA	ity Council	Council File No., Agenda Item, or Case No.
Do you wish to provide	ouncil ouncil	13
Name: All IV	Agency, Department	arts proposals
Do you wish to provide general public common Name: Lawyer Gillaul Business or Organization Affiliation: Address: 550 Lawyers	ment, or to speak for	Or Council
Business or Organization Affiliation; Address: 550 A 1	U or against a propos	201
Address: 550 / Au all ation;		al on the agenda?
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Client Name:	outling:	State 20024
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Date 200 30	ANGELES SPEAKER	CARD
43/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Name: 6-Corge general public o	omment, or to speak for or against a proposal	on the agenda? () For proposal
Business or Organization Affiliation:	CATE	() Against proposal () General comments
Address:	Lallet I'	
Business phone: 23 624-04;	City ZZ Representing:	State Zip
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Client Name:	SPEAKER AND PROVIDE CLIENT INFORM	ATION BELOW:
lient Address: Street		DI-
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Date 2-3-10 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	Dounell			
Do you wish to provide general public comment, or to speak for or against a proposa Name: Name:				
Business or Organization Affiliation: LA COMMONS				
Address: 4343 Comert Blvd. LA,	CA 90008			
Business phone: 2/3/705-445 Representing: MuSCLS	State Žip			
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CITY OF LOS MIGELES SPEAKE	IN CAND
Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. GENERAL COMMENTS #10
	#10
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 prop Name: DR. MIEKO DISANO	oosal on the agenda? () For proposal (**) Against proposal (**) General comments
Business or Organization Affiliation: YOUNG MUSICIANS FOR	
Address: 195 S. BEVERLY DR. BH CA	90212
Business phone: 310 - 859 - 7668 Representing:	*
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INI	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 process."

CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Against proposal General comments Business or Organization Affiliation: Address: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:

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

City

State

Client Address: _____Street

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Date	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 or	10 12		
Do you wish to provide general p	public comment, or to speak for or against a propos) For proposal) Against proposal) General comments	
Business or Organization Affiliation: MICHAN MUVAIS				
Address: JAJA 200 PASL el RIO, LA, CA 90033				
Business phone: 323-761-3163 Representing: +We Youth				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone	e #:	
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.

2/3/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	HUNOR COMPACTS FROM
I wish to speak before the	Name of City Agency, Department, Committee o	
Do you wish to provide general	public comment, or to speak for or against a propos	
Name: MARIA BODI	MANN _ 3	Against proposal () General comments
Business or Organization Affilia	ation: INDIVIDUAL ARTIST	
Address: 14701 BLAC	CKHAWK ST. MISSION HILL	S. CA 91345
Business phone: $818/65$	KHAWK ST. MISSIAN HILL PS-780 Representing: MYSEZF	State Zip
•	A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 2/3/10	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 or	r Council		
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda? (
Name: KATHY	AUCho S		The Against proposal) General comments	
Business or Organization Affiliation: Avenue 50 5000				
Address: 131 Nox	ETH AVENUES 50, LAS ANGE	GES CA	90042	
Address: 131 NORTH AVENUE 50, LAS ANGENES CA 90042 Street State Zip Business phone: 323 258 - 1435 Representing: HIGHMAND PARK				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone	e #:	
Client Address:Street	City	State	Zip	

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Date 1 (18	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
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 prope	osal on the agenda? () For proposal
Name: Vatricia	Lozalde	(Against proposal) General comments
Business or Organization Affilia	tion: Levillas y Kaice		
Address: 764 A	S. Handricks Montel	illo CA	90640
Street Business phone:	Representing: artist	State	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	
Client Name:		Pho	ne #:
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Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda 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	public comment, or to speak for or against a proposa	I on the agenda? (
Name: Edem	Elesh		Against proposal) General comments	
Business or Organization Affiliati	on: L.A. Altore		~ ·	
Address: 120 Jud	ge Islum Aiso St. Los An	geles CA	90012	
Street Business phone: \$213.617.	J J Clity , , , a - S	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phon	ne #:	
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Date 02/03/(0	THE CITY COUNDECORUM WILL		Council File No.	., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, D	epartment, Committee or	Council		
Do you wish to provide general p	oublic comment, or to spea	k for or against a proposa	I on the agenda		
Name: Poher 2 Zarder	nela			() Against proposal () General comments	
Business or Organization Affiliation: LA CASSA (orthbuild Green Un Cochtan) Address: 5400 2 Olympia BWZ L.A. Coch 90002 Street City State Zip					
Address: 5400 9.0	Hyape BWZ	City	CAA State	90002_ Zip	
Business phone: (32) 887-	という Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
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02/03/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	10
I wish to speak before the	Name of City Agency, Department, Committ	tee or Council
•	public comment, or to speak for or against a pr	roposal on the agenda? () For proposal (×) Against proposal
Name: Ricardo	MUNOZ	() General comments
Business or Organization Affiliat	ion: <u>Avenue</u> 50 Stu	odio
Address: [3] N. A	venue 50 Los Angela	s CA 90042
Business phone: (323) 258	7-1435 Representing: Highland	State G0042 Park & Los Angeles in General
•	A PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
Client Address:		į.
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				
Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.				
I wish to speak before the Cay Couril - Budger Trans & Committee 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				
Name: () General comments				
Business or Organization Affiliation: PRITITIES IN CARE FOUNDATION APPLIED OF THE SET OF				
Address: 4128 RHOUSE AND STUDE CITY OF 9/604 April				
Address: 4127 RHOUSE AND STUDIO CHY OF 9/604 April Zip Gate Business phone: 1887 3775 Representing: Agrif HTTWORK PROTIFES IN GATE				
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 2/3/10	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 posts and some to provide general posts and	public comment, or to speak for or against a proposition of the propos	al on the agenda	? () For proposal () Against proposal () General comments	
Business or Organization Affiliation:				
Address:Street	City	State	Zip	
	Representing:	·		
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Client Name:		P	hone #:	
Client Address: Street	City	State	Zip	

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Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agr	enda 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	public comment, or to speak for or against a prop	osal on the agenda? () For proposal) Against proposal
Name: Ben DONENDO	<u> </u>	() General comments
Business or Organization Affiliati	on: Shakespeare Center of h	os Angeles	
Address: 1238 West	FIRST SKEET LA, C	A 90026	
Business phone: 213 48	on: Shakespeare Center of L FIRST Sticet LA, Control of LA, Contro	State	Zip
	PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:		Phon	e #:
Client Address: Street	City	State	Zip

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Date	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 of	r Council	
Name: Fazee	public comment, or to speak for or against a proposed.		() Against proposal () General comments
Business or Organization Affiliat	ion:		
Address:Street	City	State	Zip
Business phone:	Representing:		
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Client Name:		P	hone #:
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Date I I	THE CITY COUNCIL'S RULES OF	Council File No., /	Agenda Item, or Case No.
23 10	DECORUM WILL BE ENFORCED.	090600	\$159
I wish to speak before the	City Council Name of City Agency, Department, Committee		n #10
, ,	public comment, or to speak for or against a propo	osal on the agenda?	
Name: <u>Jane</u>	Paul		Against proposalGeneral comments
Business or Organization Affiliat	ion: Green LA Coaliti	ON	
Address: 1006	N. Alameda LA	CA	90012
Business phone: 310902	· /	A Coaliti	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	/ :
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2/3/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		10 - 09-0600-5159
I wish to speak before the	Name of City Agency, Department, Comm	ittee or Council	
, , ,	public comment, or to speak for or against a	· •	
Name: CONMSSION	ER JEHAN AGRAM	<u> </u>	Against proposal () General comments
Business or Organization Affiliation	on: HSD HRC		
Address: 259 8.0	_	CA	90004
	7332 Representing: TRC	HSD State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BI	ELOW:
Client Name:			_ Phone #:
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φ	CITY OF LOS ANGELES SPEAKER	CARD Item # 10	
Date 2-3-10	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	
	public comment, or to speak for or against a propose	al on the agenda? () For proposal () Against proposal	
Name: JONAM	IAN TREUND	(General comments	
Business or Organization Affilia	tion: BOARD OF PARC	SIS OF SO, CALIF.	
Address: 6505 W	MSHIRE LA	CA GOOLS State Zip	
	1600 Representing: BOARD OF R	ABBIS MIDDLE EAST	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:			

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City

Street

NOTE: THIS IS A PUBLIC DOCUMENT.

State

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Date 2/3/10:	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	A CAY COUNCIL Name of City Agency, Department, Committee or C	Council	
Do you wish to provide general pub	olic comment, or to speak for or against a proposal	on the agend	
Name: Linda Pic	Kler		Against proposal General comments
Business or Organization Affiliation	: ITA Employee		
Address: 5946 Add	nmoor Al Lakewood	State	90713
Business phone: 213-978-	0203 Representing: SUF		F .
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	LOW:
Client Name:			Phone #:
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Z-3-(0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Ca	ase No.
I wish to speak before the FULL COUNCIL Name of City Agency, Department, Committee or Council			
Do you wish to provide general p	oublic comment, or to speak for or against a p		
Name: PAT Mar		() Against pro () General co	•
Business or Organization Affiliation: UNITED FIREFIGHTERS Address: 1571 Bevery Bu LA. CA. 90026 Street City State Zip Business phone: 485-2091 Representing: FIREFIGHT-ERC			
Address: 1571 Bei	VERLY BL LA.	CA. 90026	
Business phone: 485-7	091 Representing: FIRC	State Zip GF16HT-CRC	
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Client Name:		Phone #:	
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Date Ø2/03/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the LA City Council Name of City Agency, Department, Committee or Council			
	oublic comment, or to speak for or against a prop		
Name: Jacob Mille		() Against proposal () General comments	
Business or Organization Affiliat	ion: Los Angeles Animal Servic	ces : SEIU 721	
Address: 13825 Beaver	st. #90 Sylmar	CA 91342	
Business phone: (818) 618	-7157 Representing:	State Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

Date >/3/2010	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		
· · · · · · · · · · · · · · · · · · ·	public comment, or to speak for or against a propo	osal on the agenda? () For proposal		
Name: Fra	ancine Corter	() Against proposal () General comments		
Business or Organization Affiliation: Workers Cony - Persone C				
Address: 700 6	. Tengle CA	CA 900/2		
Business phone: (2/3) 473	3-3309 Representing: Norkers	State Zip Crzy		
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Client Name:		Phone #:		
Client Address:Street	City	State Zip		
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Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before theNam	ne of City Agency, Department, Committee or	r Council	
Do you wish to provide general public o	comment, or to speak for or against a propos	al on the agenda	a? () For proposal
Name:	John WALSH	***************************************	() Against proposal () General comments
Business or Organization Affiliation:	hollywood highlan	nds o	rg
Address: Street	Yucia St. HC		
	,	State	Zip
•	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	OW:
Client Name:			Phone #:
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Street	City	State	Zip

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Date

CITY OF LOS ANGELES SPEAKER CARD

Council Ello No. Agonda Itam or Case No.

2-3-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Item 10	
I wish to speak before the	Name of City Agency, Department, Committee or	r Council	
Do you wish to provide general	public comment, or to speak for or against a propos		201
Name: Rou Stor	e	() Against propos (×) General comm	
	ion: Librarians Guild		
Address: 514 Sk	ratto Place LA City	CA 98020	
Business phone: 213-703-	7100 Representing: City Libr	raries/Librarians	introduction and an interest of the control of the
•	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
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Date 3/3/2010	THE CITY COUNCIL'S F	1	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Budset 4 Name of City Agency, Departm			tee
Do you wish to provide general postulation Affiliation	public comment, or to speak for or	against a proposal	on the agenda?	(Against proposal
Business or Organization Affiliati Address: 675 S. C.	on: St. Barnabus avondelet St.	Smor S LA (Services Off State	90057
Address: 675 S. Cavondelet St. LA CH 90057 Street Business phone: 24-388-444/Representing: Asing Network Tip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			P	hone #:
Client Address: Street	City		State	Zip

Date 26 3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the Cultural African Bept. Name of City Agency, Department, Committee or Council				
	public comment, or to speak for or against a proposa	ll on the agenda? () For proposal () Against proposal		
Name: Catherine	MACKINAM	/ \ 0		
Business or Organization Affiliation:				
Address: 538 4	are the Apto portulday w	State Zip		
Business phone: 818519	Y Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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Date	THE CITY COUNCI DECORUM WILL B		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	partment Committee or (Council	
Do you wish to provide general p				? () For proposal
Name: 50e	Montes		***************************************	() Against proposal () General comments
Business or Organization Affiliat	ion:			
Address: 5336	& beverly	City	State	
Street Business phone:	,		State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	OVIDE CLIENT INFOR	MATION BELO	w:
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I wish to speak before the Name of	Gity Agency, Department, Committee or	Council
Do you wish to provide general public com	ment, or to speak for or against a proposa	
Name: Sandra Kob	erts	() Against proposal () General comments
Business or Organization Affiliation: Pe	rs enviel Dept. Worker	rs Comp. D.V.
Address: 700 E Temp	e St Rn 210 LH	CA 90012
Business phone: 213 473 3364	Representing: Norker? Cov	np. Analysts
CHECK HERE IF YOU ARE A PAID SP	PEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address: Street	City	State Zip

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CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BUILES OF DECORUM WILL BE ENFORCED. I wish to speak before the _______ Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal (Against proposal Leslie Evans General comments Business or Organization Affiliation: Empowerment Congress Address: _____Street State Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: _____ Phone #: Client Address: ____

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City

State

Zip

Date 2/2/2010	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	oublic comment, or to speak for or against a propose	al on the agenda? () For proposal () Against proposal		
Name: VIMONL VE	endun	() General comments		
Business or Organization Affiliati	ion: WORKERS Compsensati	ow/Personnel		
Address: 700 E	Semple St#210 LOS F	Andeles CA 9001		
Street	3304 Representing: LMDOZALIS	State Zip MONE COMP		
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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CITY OF LOS ANGELES SPEAKER CARD

Date 2 3 1 U	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Ite	em, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	The - Com	Dirk.
Do you wish to provide general p Name:	oublic comment, or to speak for or against a propose on:	(), Aga	proposal ainst proposal neral comments
Address: $\frac{5326}{\text{Street}}$ © Street Business phone: $\frac{323}{23}$	-Bevely BJ 2 16	State Zip	
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Client Name:		Phone #:_	
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Date		Council File No., Age	nda Item, or Case No.
2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	16/10/1	10
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I wish to speak before the	Name of City Agency, Department, Comr		
	Name of City Ağency, Department, Comr	nittee or Council	
Λ '	public comment, or to speak for or against a		
Name: HV11101M	Morto	() Against proposal) General comments
Business or Organization Affiliat	ion: <u>11126N - SOS PRI</u>	06 RH	
Address: 545 S.	SAN IBORD LA City	CA	9013
		State	Zip –
Business phone:	Representing: SELF		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:	
Client Name:		Phone	e #:
Client Address:			
Street	City	State	Zip

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

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Date 2/3/10	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCE	'	Agenda Item, or Case No.
I wish to speak before the	114 Council Name of City Agency, Department, Com	amittee or Council	
Do you wish to provide general	oublic comment, or to speak for or against		' (ू) For proposal
Name: Name:	U Volpent &		Against proposal General comments
Business or Organization Affiliat	ion: Jewish Famili	1 Service	
Address: 3580 U	Dilshire Bl LR	OA	90010
Street Business phone: 32576	8800 Representing:	State State State	
	A PAID SPEAKER AND PROVIDE CLIE		· [
Client Name:		PI	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.

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Date _

Street

CITY OF LOS ANGELES SPEAKER CARD

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

Zip

State

FEB 3, 2010	10 + 13
I wish to speak before the	
Name of City Agency, Departmen	t, Committee or Council
Do you wish to provide general public comment, or to speak for or a	
Name: Bob BATES	() Against proposal General comments
Business or Organization Affiliation:	y ARTS
Address: 720 KOHLGR 57 Los	AMELES CA 90021
Business or Organization Affiliation: INNER-C/T Address: 720	UNGR-CITY ARTS
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE	
Client Name:	Phone #:
Client Address:	

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

City

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Date	THE CITY COUN	CIL'S RULES OF	Council File N	lo., Agenda Item, or Case No.
2/3/2010	DECORUM WILL		10	09-0600-5159
I wish to speak before the	City Cour	cil		
	Name of City Agency, D	epartment, Committee o	r Council	
Do you wish to provide general		k for or against a propos	sal on the agend	a? () For proposal
Name: Frank Yb	arra			General comments
Business or Organization Affiliat	ion:			
Address: 1340 MARY la.	nd St #211	Los Anyeles	CA State	90017
Address: <u>B40 MARY a Street</u> Business phone: 213/924	2562 Representing:	Olty	State	Σ-ΙΡ /
CHECK HERE IF YOU ARE				
Client Name:				Phone #:
Client Address:				
Street	1.	City	State	Zip

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

7	<u>ب</u> ر		CITY	OF	LOS	ANGELES	SPEAKER	CARD
Date	9	1		200 P 200	0.501.0			Counci

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

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

I wish to speak before the	ne <u>City</u>	Council		
·	Name of C	city Agency, Department, Co	mmittee or Council	
	·	ent, or to speak for or agains	st a proposal on the agenda	
Name: Bre	nda Váz	quez		(Against proposal () General comments
Business or Organization	-T	arthers in	Care Foln.	
Address: 675	S. Carm	idelet St. Los	Angeles, CA	gl.
Business phone:	8)421-865 <u>1</u>	Representing: <u>Sel</u>	• State	Ζιρ
_		AKER AND PROVIDE CLII	ENT INFORMATION BELO	ow:
Client Name:				Phone #:
Client Address:		<u> </u>		77.
Stre	et	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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CITY OF LOS ANGELES SPEAKER CARD

2/3/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	#/0	enda item, of Case No.
I wish to speak before 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 propos	al on the agenda? (
Name: Andrea K	ancher	<u> </u>	Against proposal) General comments
Business or Organization Affilia	tion: Why of LOS Angeles-	-WC. DINSI	th
Address: 700 E Tu	emple St. Rm 20. Los	mareles,	/A 90032
Business phone: (2/3)47	emide St. Representing: Employees	of Mr. W	C. DIVISIO
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		Phor	ne #:
Client Address:Street	City	State	Zip
Please see reverse of card	for important information and submit this entire card	to the presiding offic	er or chairperson.

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Date	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	A City Council Name of City Agency, Department, Comm	lttee or Council	
Do you wish to provide general page 1	oublic comment, or to speak for or against a) For proposal) Against proposal) General comments
_	ion: PVT. C'F'SEW W. // M STreet		
Business phone: 3/0 808-	3594 Representing: My Se	State 2/f	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 2/3/2870	THE CITY COUNCIL DECORUM WILL BI		Council File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	artment, Committee or C	Council	
Do you wish to provide general p	public comment, or to speak t	ior or against a proposal	on the agenda? (
Name: Liva	Vidal	`		Against proposal) General comments
Business or Organization Affiliati	on: Personnel	DO MCDIV	15/20	
Address: ₹00 €	temae 81	LA	00 900	12
Business phone:	tempe 81 3381 Representing:	city Employees	State WC	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	OVIDE CLIENT INFOR	MATION BELOW:	
Client Name:			Phor	ıe #:
Client Address: Street	(Dity	State	Zip

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Date Feb. 3, 2010	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	e or Council
·	public comment, or to speak for or against a prop	posal on the agenda? () For proposal
Name: Pelvi Garci	<u> </u>	() Against proposal (<) General comments
Business or Organization Affiliat	ion: BIBN ESTAR	
	rly Los Angeles C 7892 Representing:	A 900 22 State Zip
Business phone: 323.727.	7842 Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address: Street	City	State Zip
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Date 3-3-10/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	ity Coursel		
Da vas viale to masside goods l	Name of City Agency, Department, Committee or o		da? () For proposal
Name: Maggier 5	public comment, or to speak for or against a proposa	on the agent	da? () For proposal
Business or Organization Affiliat	$R = A \cap CT \cap D$		
Address: 1020 PCS	S L.B. Co	State	40806
	1-519/ Representing:	State	ZIP
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	LOW:
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 2/3/20/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	ame of City Agency, Department, Committee or	Council
	c comment, or to speak for or against a propos	al on the agenda? () For proposal
Name: Jeannette M		(/ Against proposal () General comments
Business or Organization Affiliation:	WC DNISION: YE	rsonne//)VISIOZ
Address: 700 E Ten	ple 210 Las Angeles	CA 90012
Business phone: 313 473-33	' ' City	State Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION 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 2-3-ZellO	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	get + France Come
Do you wish to provide general pub	olic comment, or to speak for or against a proposa	
Name: Tuve	3 mmos 5	General comments
Business or Organization Affiliation:	•	HOMENT CONSIDERATION
	28 Rhodes the LA	8al 9169K 0
Street	Representing: Ray Representing: Ray Representing: Representing: Ray	ent the April Norwik
CHECK HERE IF YOU ARE A P.	AID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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No	CITY	OF	LOS	ANGELES	SPEAKER	CARD

Date 2 - 3 - 2010

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 Age	ncy, Department, Com	mittee or Council	
Do you wish to provide general Name:	Zoueihic	1		Against proposal () General comments
Address: 675 Street	· · · · · · · · · · · · · · · · · · ·	*	OA_	
Business phone: 323 35		2.13	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIEN	IT INFORMATION BEL	ow:
Client Name:			******	Phone #:
Client Address:		City	State	Zin
Street		Oity	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 02-03-10	THE CITY COUNCIL'S RI DECORUM WILL BE ENI		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Los Angeles City Name of City Agency, Departme	Council on, Committee or	Council	·
Do you wish to provide general	public comment, or to speak for or	against a proposa	I on the agenda?	
Name: SIMbou	Wright			() Against proposal() General comments
Business or Organization Affiliat	ion: SETU 721 f1st Street Las			
Address: 2002 W C	flst Street Las	Angeles	CA	90062
	City Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDI	E CLIENT INFOR	RMATION BELOW	/ :
Client Name:		***************************************	Ph	one #:
Client Address:Street	City		State	Zip

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

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Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda? (
Name: DAVID	BUNJAC	(() Against proposal) General comments
Business or Organization Affiliat	ion: 777		
Address:			**************************************
Business phone:	City 5263 Representing: Sざしま	State	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		Pho	ne #:
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 2/3 /16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	ity Connest		
	Name of City Agency, Department, Committee o	r Council	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda'	
Name: Bob Schoom	svor		(⋈) Against proposal() General comments
Business or Organization Affiliat	ion: SE14 721		
Address: 500 SI VIA	GOZ LA.	e A	9020 Zip
Business phone: 714-368	-8432 Representing:	Sidle	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION 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.

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Date 2-3-10	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	r Council		
Do you wish to provide general p	public comment, or to speak for or against a propos	al on the agenda?	() For proposal	
Name: Against proposal () General comments				
Business or Organization Affiliati	ion: JUMB CADO NR	1 Jacq	2002	
Address:			1000	
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Pr	one #:	
Client Address: Street	City	State	Zip	
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Date FOBLUARY 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	Name of City Agency, Department, Committee or C		of Ade objec
Do you wish to provide general p	public comment, or to speak for or against a proposal	on the agenda	? () For proposal
Name: Rudy Bar	bee		() Against proposal (凶) General comments
Business or Organization Affiliati	on: ARMINATI DIV - POLICE	ACTIVITIE	s LEX646
Address: CD 63	APD. RAMPART DIV P.A	IL ATTIV	PLANK Ybang
Business phone: (c) 90 9.3	on: NAMPART DIV P. A 67:598/Representing: PAC	State	Zip Pres.
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:			Phone #:
Client Addrèss:			
Street	City	State	Zip
Please see reverse of card for	or important information and submit this entire card to	the presiding	officer or chairperson.

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Date 2/3/10	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 of	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	
Name: Demot	silve oc	Against proposal () General comments
Business or Organization Affiliat	tion: Workor's Comp. E	Division
Address: Street	Temple St. WEADELE	State 70012
Business phone: 23×13-	3307 Representing: Employee	E WOHERS COMO
	A PAID SPEAKER AND PROVIDE CLIENT INFO	
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

Client Address: _____

CITY OF LOS ANGELES SPEAKER CARD

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Phone #:

Zip

State

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

7/3/10	ECORUM WILL BE ENFORCED.	Cultural Affaires Dept.
I wish to speak before the Name of	City Agency, Department, Committee	or Council
Do you wish to provide general public comm	nent, or to speak for or against a propo Stevenson, Exe.	/ \ A
Business or Organization Affiliation:	re Altadoran Arts	5 Counci)
Address: LE P.O. Box 6	571 Alfades	State 21003
Business phone: (626) 797-5798	,	AFFORES Della Arts Ctr.

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

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

Client Name:

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Date 2 3 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	oosal on the agenda? (
Name: John PAG Business or Organization Affiliati	AS on: FIMAGO INC - UNION '	PRSUE MISSI	Against proposal General comments
Address: Street	SAN (BOA) CA 993/47(Representing: SOS PLOGE	State	90013
Business phone: 45 ppl	445 WARepresenting: SOS XI-OSI	AM MADO	CITY KNOWEY
	PAID SPEAKER AND PROVIDE CLIENT IN	V	THE PROCESS
Client Name:		Phor	ne #:
Client Address:Street	City	State	Zip

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Date

CITY OF LOS ANGELES SPEAKER CARD

Council File No. Agenda Item or Case No.

Feb 3,2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		10
I wish to speak before the	うれん・ Name of City Agency, Department, Committee or	Council	
A Company of the Comp	Name of Oily Agency, Department, Committee of	Oddion	
Do you wish to provide general p	oublic comment, or to speak for or against a propos	al on the agenda	() For proposal(≯ Against proposal() General comments
Business or Organization Affiliati	ion: Resident		
Address: 263/ Orch	ard <u>L</u> A	CA State	90007 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	OW:
Client Name:			Phone #:
Client Address: Street	City	State	Zip
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Date

CITY OF LOS ANGELES SPEAKER CARD

2.3.10	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OF I	13
I wish to speak before the	Name of City Agency, Department, Co	ommittee or Council	
Do you wish to provide general	public comment, or to speak for or again	st a proposal on the agend	
Name: Trini R	odriquez		() Against proposal () General comments
Business or Organization Affiliat		Centro Cultur	al + Bookstore
Address: 13197 G		Sylman C	A 91342
Business phone: 818. 528	City Representing:	State .	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	ENT 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.

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Date 2.3.2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee o	r Council
Do you wish to provide general p	oublic comment, or to speak for or against a propos	
Name: US Fo	drice	() Against proposal () General comments
Business or Organization Affiliat	ion: DA Whith AF Cen	No CUINPAR
Address: 13197 - A 64	tdStal SylmAR	(A 9/342
Business phone: \$18-52\$	Representing:	State /zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date

2/3/10

CITY OF LOS ANGELES SPEAKER CARD

THE CITY COUNCIL'S RULES OF

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

10,13

	DECORUM WILL	BE ENFORCED.		
I wish to speak before the	COUNCIL Name of City Agency, De	epartment, Committee or Co	uncil	
Do you wish to provide general puntation of the Name:	ublic comment, or to speal	k for or against a proposal or	n the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliatio	n: THE HEAD	et project		
Address: 1047 Street	D. 24th	8t LA	CA	90007
Business phone: 213 - 744	Representing:	•	State	Zip
CHECK HERE IF YOU ARE A		ROVIDE CLIENT INFORMA	ATION BELOW	/ :
Client Name:			Pho	one #:
Client Address:Street		City	State	Zip

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Date 2/3/2010	THE CITY COUNCIL	E ENFORCED.	Council File No., A	genda Item, or Case No.
		COMNCIL		
I wish to speak before the	BUD bet	& FINANCE		
	Name of City Agency, Dep	artment, Committee or C	ouncil	
Do you wish to provide general	oublic comment, or to speak t	or or against a proposal		
Name: DPVID	TRUONS		· (Against proposal) General comments
Business or Organization Affiliat	ion: Workers	Conp - 1	O EUSONAE	
Address: 700 E.	TEMPLE ST	LA	CA State	900/2
Business phone: 2/3-4	·			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	OVIDE CLIENT INFORM	NATION BELOW	:
Client Name:			Pho	ne #:
Client Address:				
Street		ity	State	Zip

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Date

CITY OF LOS ANGELES SPEAKER CARD

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

2-3-2010		ILL BE ENFORCED.	#10)
I wish to speak before the	Name of City Agenc	アクレー cy, Department, Committe	ee or Council	
Do you wish to provide general	public comment, or to s	speak for or against a pro	oposal on the agenda	
Name: SuSavia	De	Leon		() Against proposal () General comments
Business or Organization Affiliat	tion: Downto	own los Ange	les Cloutur	nd Collore Center
Business or Organization Affiliat Address:Street	Beardyy	los Angeles	CA C	70012
Street Business phone: 323-39Z-	4527 Represent	ting: $\frac{\text{City}}{M_9S_6}$	State State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	ND PROVIDE CLIENT II	NFORMATION BELC	w:
Client Name:			P	Phone #:
Client Address: Street		City	State	Zip

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Date 2 /3//6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 出10
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 propo	
Name: Carrie Una	erman	() Against proposal () General comments
Name: <u>Carrie Ung</u> Business or Organization Affiliat	ion: Artist	
Address: 4223 Rh	odes Ave Studio City	CA 9/604
Business phone:	odes Ave Stralo City City Representing: Mycelf, To	y ovts
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 2-3-10		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 Agen	ŴC}L cy, Department, Committee	or Council		
Do you wish to provide general p	KLUGMAN	speak for or against a propo	osal on the agenda?	() For proposal Against proposal () General comments	
Business or Organization Affiliation Address:	ion: SRLF AND DA #D	BUNKANK	CA	91506	
Business phone:	Represer	City nting:	State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CLIENT INF	ORMATION BELOW	/ :	
Client Name:			Pho	one #:	
Client Address:Street		City	State	Zip	

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Client Address:

Street

CITY OF LOS ANGELES SPEAKER CARD

2/3/10	2 / 3 / 10 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.				
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					
Name: Julio Sim Business or Organization Affiliati		General comments			
•	camore Ave. L.A.	CA 9,0019			
Business phone: 213-446- Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			

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

City

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Zip

Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. ARTS Propose
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council	
	public comment, or to speak for or against a pro	oposal on the agenda?	For proposal
Name: Aughana	Alvarez -		Against proposal General comments
Ruciness or Organization Affiliati	CONTRA-TIEM	PO	
Address: 4591	Inglewood Bld LA	CA	9020
Street	City	State	Zip
Business phone:	Representing:		h
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELO	W:
Client Name:		Pl	none #:
Client Address:			
Client Address: Street	City	State	Zip
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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Ite	em, or Case No.
I wish to speak before the	Name of City Agency, Department, Committ	ee or Council	
Do you wish to provide general	public comment, or to speak for or against a pr	oposal on the agenda? () For	proposal
Name: Sam OI		(/ Gei	ainst proposal neral comments
Business or Organization Affiliat	ion: Comm on Disabil,	Ŧ	
Address: <u>BOOS S</u>	1-3768 Representing: Self	CA 90 State 7zip	013
Business phone: 818-314	1-3768 Representing: Self		
	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	
0.000	on,	2000	

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

Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Sudget and Name of City Agency, Department, Committee of	Tinadee) or Council		
Do you wish to provide general p	oublic comment, or to speak for or against a propo			
Name:	en Coibb	() General comments		
Business or Organization Affiliat	ion: St. BARNABAS	SR. SERVICES		
Address: 6 75	S. CARONDELET ST.	90057		
Business phone: (213) 388-9	4444 Representing: SAME #	HBOVE SE SERVICE		
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.

104	CITY OF LOS ANGELES SPEAKER	CARD
Date	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 of	r Council
Do you wish to provide general Name:	public comment, or to speak for or against a propos	al on the agenda? () For proposal () Against proposal General comments
Business or Organization Affilia	ion: In City Low	36
Address: 1300 E.	719 St, Pacitic 1	alisades, CA 9027
Business phone 213-891-	2880 Representing: 1 CLC	

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

City

Phone #:

Zip

State

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

Client Name:

Client Address: ____

6

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.			Council File No	., Agenda Item, or Case No.
I wish to speak before the	Cyty Name of City Agenc	Con Color	Committee or	Council	X 1 12
Do you wish to provide general	,	•			? () For proposal () Against proposal () General comments
Name:	ion: 1/2	Activity	Gera		(X)) delierar comments
Address: 9070 Street	Venie Blud	City A	0	A	98232
Business phone: 310-83 (-		ing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				F	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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10

Date

2-3-2010

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

Council File No., Agenda Item, or Case No. 09-0400-5155

I wish to speak before the	<u> </u>	My (ovacel	/	
Name of City Agency, Department, Committee or Council					
Do you wish to provide gener	al public comment, or	to speak for or	against a propos	sal on the agenda	
Name:	MONICA	HARMER	1		() Against proposal General comments
Business or Organization Affi	liation: <u>(Vo M M</u>	UNITY	ACTION	735Am	
Business or Organization Affil Address: <u>ア・ク・アッス</u> Street	30294	Los.	Angeles	CA	90292
Street Business phone: <i>310 - 170</i>			, 	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				F	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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2-3-20/0	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OF /), Agenda item, of Case No.	
I wish to speak before the	CITY COUNCI. Name of City Agency, Department, Co			
Do you wish to provide general p	public comment, or to speak for or agains	st a proposal on the agenda		
Name: Doug	EPPERHART		(√) Against proposal() General comments	
Business or Organization Affiliation	on: COASTAL SI	AN PEDRO M	VC	
Address: 1206 k	lest 37th St So	m Pedro CX	9073)	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address: Street	City	State	Zip	

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

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Date 2010	i	NCIL'S RULES C L BE ENFORCE)r	euncil File No., A	genda Item, or Case No.
I wish to speak before the		Danastment Con	ornittae er Counc	sil	
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					
Name:	Ruck tox	200	·		() General comments
Business or Organization Affiliation: Coto tyl Sur Pedro					
Address: 2125 Street	5 GAFey	St FH	Son Radio	State	9073
Business phone:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				Pho	one #:
Client Address:		C:L	.*	Otata	71
Street		City		State	Zip

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

9	CITY OF LOS ANGELES SP	EAKER CARD	
Date 2/3/10	THE CITY COUNCIL'S RULES O	OF	e No., Agenda Item, or Case No.
I wish to speak before the	Cuty Council Name of City Agency, Department, Cor		
•	public comment, or to speak for or against	a proposal on the ager	
Name: <u>DAVI</u>	DO CONNELL		(// Against proposal () General comments
Business or Organization Affiliat	ion: St Michaels	Church So	SA
Address: 1016 W.	Manchester ave S.	A CA	90044
Street Business phone: 323 -867-	ion: St. Michaels Manchester are S. City 8324 Representing: St. Ma	state Maels Chu	rch So. LA
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.

Date 2,-3-10	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 of	or Council		
Do you wish to provide general p	oublic comment, or to speak for or against a propo	sal on the agenda?		
Name: Otto	S STINSON		⟨∠⟩ Against proposal() General comments	
Business or Organization Affiliation: LOASTAL SAN PEDRO W				
Address: 376 Street	W. 14+45 SAN	PETRO (A 2073/	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Ph	one #:	
Client Address:Street	City	State	Zip	

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

NOTE: THIS IS A PUBLIC DOCUMENT.

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Date 02-03-10	THE CITY COUNCIL'S I DECORUM WILL BE EI	RULES OF	uncil File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	nent, Committee or Council	il
Do you wish to provide general Name:M AUT	public comment, or to speak for o		e agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliat	tion:		
Address: Street	SPENCE ST,	LAs	TBD V3 State Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFORMATIC	ON 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.

Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
2-3-010	DECORUM WILL BE ENFORCED.	Jua	Sel.
I wish to speak before the	Jame of City Agency, Department, Committee	ee or Council	
Do you wish to provide general pub	lic comment or to speak for or against a pro	pposal on the agenda?	For proposal Against proposal
Name: Tolanda	Gonna her		General comments
Business or Organization Affiliation:	Wabashla	1d05.	
Address: 3168	WABRON. KI	18773 o	1190063
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOV	v:
Client Name:		Ph	one #:
Client Address:			
Street	City	State	Zip

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

Date 02.03-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theNam	ne of City Agendy, Department, Committee	or Council
and the same of th	comment, or to speak for or against a propo	
Name: DeDe/	Audet	() Against proposal (X) General comments
Business or Organization Affiliation:	VNC	
Address: 3015 7	-hatches Ave	State Zip
Business phone:		State ZIP
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION 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 3 10	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 i	public comment, or to speak for or against a proposa	
Name: HEather	69999	(D Against proposal (D General comments
Business or Organization Affiliat	on: Arroyo Arts Collec	hve
Address: 1552 Oak	Grove De LA CA	90041
Street	240 Representing: <u>Same</u>	State Zip
Cw	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:	,	Phone #:
Client Address:	City	State Zip
311661	Ony	οιαίο Ζιρ

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

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Date 2 - 3 - 01 7	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR		
I wish to speak before the	Name of City Agency, Department, C	Committee or Council	
t _m .	<i>j</i> , , , , , , , , , , , , , , , , , , ,	inst a proposal on the agenda? () For proposal () Against proposal	
Name: Pought	ts rewis	() General comments	
Business or Organization Affiliation: It Barnalias multi purpose ante			
Address: 6758 Cardonlet Kastingelis Ca. 90057 Street City State Zip			
Business phone: 388-444	Hepresenting:	Sama In Much	
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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Name of City Agency, Department, Committee of Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name:			Council File No.,	Agenda Item, or Case No.
Name: Mary Beth Heffernan () General comments Business or Organization Affiliation: Occidental College and Outpost for Confern porary Araddress: 1865 Upperton Ave. LA.CA 90042 Confern porary Araddress: phone: 323-259-2729 Representing: Occidental College CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	I wish to speak before the LA	city Council ne of City Agency, Department, Committee or	Council	
Name:	Do you wish to provide general public	comment, or to speak for or against a proposi	al on the agenda?	
Address: 1865 Upperton Ave. LA.CA 90042 Contemporary Arracity State Zip Business phone: 323-259-2729 Representing: Occidental College CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	() General comments
Address: 1865 Upperton Ave. LA.CA 90042 Contemporary Arracity State Zip Business phone: 323-259-2729 Representing: Occidental College CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Business or Organization Affiliation:	occidental College and	Outpost	for
Business phone: 323-259-2729Representing: Occidental College CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Address: 1865 Upperton	Ave. LA, CA 90042	Contemp State	orary Ar
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Business phone: 323 -259-27	729 Representing: Occiden tal	College	
Client Address:				w:
Client Address: Street City State Zip	Client Name:		PI	none #:
Street City State Zip	Client Address:			
	Street	City	State	∠ip

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

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Date 2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., 1	Agenda Item, or Case No.
<u> </u>	0.1	> Keep Gra	nts & for irs + Beautificati
I wish to speak before the	Name of City Agency, Department, Comm	Cert Affa ittee or Council	irs + Beautification Grants
Do you wish to provide general	public comment, or to speak for or against a	proposal on the agenda?	
Name: Nicole	Possert		() Against proposal General comments DON ST WISH TO
Business or Organization Affiliat	ion:		SHAK
Address: 124 Roselo Street	wn t LA	State	9042 Zip
Business phone: 32325	555792Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	/ :
Client Name:		Ph	one #:
Client Address:	All		
Street	Cíty	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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2-3-2010	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE		., Agenda Item, or Case No.
I wish to speak before theNam	ty Ounc e of City Agency, Department, Co	mmittee or Council	<u> </u>
Do you wish to provide general public of	оттель, од to speak for o/r agains	t a proposal on the agenda	? () For proposal
Name: ChA//18	Wachhe	rson	() Against proposal General comments
Business or Organization Affiliation:	Self	+/	•
Address: 738 Ho	WARD	Venice	Zip
Business phone:	Representing:	7	
CHECK HERE IF YOU ARE A-PAID	SPEAKER AND PROVIDE CLI	ENT INFORMATION BELC	ow:
Client Name:		F	Phone #:
Client Address:	City	State	7:0
อแยะเ	City	Sidle	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
THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the CTY Committee or Name of City Agency, Department, Committee or	
Name of City Agency, Department, Committee or	Council
Do you wish to provide general public comment, or to speak for or against a proposa	on the agenda? () For proposal (X) Against proposal (C) General comments
Business or Organization Affiliation: LA Roverty Deri Thu	SVEGL.
Address: 1226 N ALV ONLADO LA	CA Good
Address: 1226 N ALV ONLADO LA City Business phone: 213-413-7677 Representing:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFOF	
Client Name:	Phone #:
	•

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

City

State

Zip

Client Address:

Street

	HE CITY COUNCIL'S RULES OF ECORUM WILL BE ENFORCED.	Council File No., Ag 社 10	enda Item, or Case No.
	Totty Agency, Department, Committe		
Do you wish to provide general public com	ment, or to speak for or against a pro	oposal on the agenda? () For proposal
Do you wish to provide general public com	Spargon	· · · · · · · · · · · · · · · · · · ·	Against proposalGeneral comments
Business or Organization Affiliation:	s forenty Dept	THEATER	
Address: 52 6.	WALL ST L	A CA	40013
Business phone: 43-4/3-1077	CityRepresenting:	State	Zip
CHECK HERE IF YOU ARE A PAID SI	PEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:	
Client Name:		Phor	ne #:
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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CITY OF LOS ANGELES SPEAKER CARD

Council File No. Agenda Item or Case No.

2/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	10,13
I wish to speak before the	COUNCI L Name of City Agency, Department, Committee or	Council
Do you wish to provide general p	ublic comment, or to speak for or against a proposa	
Name: CYNTHIA CA	upoy BROPHY	() Against proposal () General comments
Business or Organization Affiliation	on: THE HEART PROJECT	
	24th St, LA, CA	
Street Business phone: 213, 744	City ☐ City Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	Citv	State Zip

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

Date 2/3/10 '	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Mame of City Agency, Department, Committee or	Council
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	
Name: <u>Lay In</u> Business or Organization Affiliati	ion: April & Cultural Athan	Against proposal General comments
Address: 5476 Viu	lage green los lingles	CA GOOLG State Zip
N/	177 Representing: <u>Ae Of And Com</u>	Munity of Artests
	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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

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Date 2/3/2010	THE CITY COUNCIL			Council File No.,	Agenda Item, or Cas	e No.
I wish to speak before the	Name of City Agency, Dep	artment, Comm	ittee or Cou	ncil		
Do you wish to provide general p	oublic comment, or to speak f	or or against a	proposal on	the agenda?		
Name: Carmelo	Alvarez				() Against prop () General com	
Business or Organization Affiliati	on: NILA YOUT	n and C	ultur	e Cen	nlev	
Address: 132 S - (seaudry (<u>-Д.</u>		CA	9001	2
Address: 132 S - (3) Street Business phone: 213 327	4619 Representing: $\underline{\mathcal{D}}$	oity Iowntown	LA	State Youth	z Cirlture (Center
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:				P	none #:	
Client Address:Street		Sity		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 2/3/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	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	The state of the s
Name: Terry Elle	n Kobinson	() Against proposal () General comments
	on: Palms Neighbor-hood	
Address: 3662 Mid	vale Aretts Los Angelos	CA 90034
	730 Representing: Palms NC	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
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.

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Date 2 3 / 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Crty Courul 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	
Name: JOHN	GALLOGUS	() Against proposal () General comments
Business or Organization Affiliati	on: Theatre West	
Address: \$333	huenga BlvdW LA	CA 9,0068
Business phone: 323 85/	4839 Representing: Theatre (State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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.

03/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	#10 and #13	
I wish to speak before the	Name of City Agency, Department, Commi	ittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a p		
Name: POU MARUAD		() General comment	s
Business or Organization Affiliat	ion:		
Address: 41 NOUTA	FULTER AVE, L.A.	CA 90036 State Zip	
Business phone: (313) \$11-126	Representing: APTISTS IN LA	4 SELF & AVE. SO STUDIO. NC.	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date 2 \$ 10	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 Lounce Name of City Agency, Department, Committee or City	Council
	public comment, or to speak for or against a proposa	
Name: Danie	UE Brazell	() Against proposal (X) General comments
Business or Organization Affiliati	on: Arts For LA	
Address: 515 5	FIGUEROA SAS	£ 2050 90071
Business phone: 213 225	1580 Representing: Arts 4 b	State Zip
	PAID SPEAKER AND PROVIDE CLIENT INFOR	
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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Client Address:

CITY OF LOS ANGELES SPEAKER CARD

Feb. 3", 2010	THE CITY COUNCIL'S R DECORUM WILL BE EN		Council File No., #10	Agenda Item, or Case No.
I wish to speak before the	N. CO'L A. D.		0 "	
De very wish to averide acceptal	Name of City Agency, Department			() Far proposal
Name: Salvador	public comment, or to speak for or	against a proposa	II on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: BIENTSTAR	***************************************		
Address: 5326 E Be	OVERLY LOS ANG	ELES /	State	<u> </u>
Business phone: 323 .72	•			

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

City

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

Client Name:

NOTE: THIS IS A PUBLIC DOCUMENT.

Phone #:

State

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Date		
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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			
	y, Department, Committ	tee or Council		
Do you wish to provide general public comment, or to so Name: Name: Manahall Astor Business or Organization Affiliation: Angels 6ato			() For proposal (★) Against proposal () General comments	
Address: Street	Son Pedro	CA State	9 07-31 Zip	
Business phone: 310-519-6936 Represent	ting:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Pt	none #:	
Client Address:	City	State	7:0	
Oli eet	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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CITY OF LOS ANGELES SPEAKER CARD

Date 3/10	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE	OF 1-to	Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Con	nmittee or Council	·····	
Do you wish to provide general r	public comment, or to speak for or agains	a proposal on the agenda?		
Name: Michael	e Gillberg		Against proposal General comments	
Business or Organization Affiliati	on: a hatis Din		A	
Address: 4849	an Rofael Ave 208	Angeles Ch.	9047	
Business phone: \$23-527	-7/02 Representing:	ists/Antsongo	guisations	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Ph	one #:	
Client Address:Street	City	State	Zip	
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Date 2 - 3 - 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	genda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	or Council		
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	sal on the agenda?		
Name:Business or Organization Affiliatio	Men Box		Against proposal General comments	
Address:Street	he Writers of pleetu	√ State	Zip	
Business phone:	Representing:	***************************************		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Pho	one #:	
Client Address:Street	City	State	Zip	

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

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Date H3 No		UNCIL'S RULES OF ILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency		ittee or Council	
Do you wish to provide general p	oublic comment, or to sp	oeak for or against a p	proposal on the agenda?	() For proposal
Name: CEANETTE 1	SKAT			(// Against proposal () General comments
Business or Organization Affiliation: CORAZON DELPUEBLO				
Address: 2003 EAST Street	la G	LA	CA	90033
Business phone: 3W 295			State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			P	none #:
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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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

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

I wish to speak before the	COUNCI			
		cy, Department, Com	mittee or Council	
Do you wish to provide genera	•	•	a proposal on the agen	
Name: PAVL	PAGNO	VE_		() Against proposal () General comments
Business or Organization Affil	iation: 14117812	CITALI	AN ITAC	<u></u>
Address: 3 1 750 G	LENDALE ?	30. CA	CA	95669
Business phone: 213 \$				Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIEI	NT INFORMATION BE	LOW:
Client Name:				Phone #:
Client Address:		ONL	Ct-1-	
Street		City	State	Zip

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

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Date 2-3-2010 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee	Council File No., Ager	ida Item, or Case No.
Do you wish to provide general p	public comment, or to speak for or against a pro	oposal on the agenda? ()) For proposal Against proposal
Name: Variva	Deil		General comments
Business or Organization Affiliati	on: 105 de Cle	- Communit	2 / 12/3
Address: 2210 Cix	I coln Blud . Veni	L CA 902	9/
Business phone: 3/0-779		, CA JUST	E ad
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION 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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CITY OF LOS ANGELES SPEAKER CARD

Date 2-03-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the			
, works opean solore are	Name of City Agency, Department, Committee of	or Council	
A	public comment, or to speak for or against a propos	sal on the agenda?	' () For proposal () Against proposal
Name: <u>Aeridus</u>	SACHS	***************************************	() General comments
Business or Organization Affiliat	ion:		
Address:Street	<u>Lennix</u>		
	City Representing:	State	Zip
	A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		PI	none #:
Client Address:Street	City	State	Zip
Please see reverse of card f	or important information and submit this entire care	d to the presiding o	fficer or chairperson.

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2-3-2616	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	HI 6)
I wish to speak before the \underline{t}	Bredget & Finance		
	Name of City Agency, Department, Commi	ittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a p	proposal on the agenda?	() For proposal
Name: Forest Z-	Jonanion: Saint Barnalian Sen		Against proposal () General comments
Business or Organization Affiliati	on: Saint Barnalian Sen	in Severies	
	15 20		90057

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

Business phone: 213-388-4446 Representing: Sent Boundan Services

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.