

# CITY OF LOS ANGELES SPEAKER CARD

10-0017

Date  
1-29-10

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

Council File No., Agenda Item, or Case No.  
4

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: Arnold Sachs ( ) General comments

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: \_\_\_\_\_ 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.

NOTE: THIS IS A PUBLIC DOCUMENT.

# CITY OF LOS ANGELES SPEAKER CARD

11/20/17

Date 1/29/10

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

Council File No., Agenda Item, or Case No. # 4-

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 ADKAL  
 Against proposal  
 General comments  
Name: NOEL WEISS

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

Address: 13700 MANANA POINTE DR. #422 MANANA del 16, Cal 90292  
Street City State Zip

Business phone: (310) 822-0239 Representing: \_\_\_\_\_

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

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

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Date

1/29/10

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

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

485

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: Peter Sanchez

Business or Organization Affiliation: Valley Village Homeowners Assn.

Address: PO Box 4916 Valley Village CA 91617  
Street City State Zip

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

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

Client Address: \_\_\_\_\_  
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Date

1-29-10

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DECORUM WILL BE ENFORCED.

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

#4 = #5

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

UPHOLD THE  
APPEAL  
( ) Against proposal  
( ) General comments

Name:

Jennifer Reed

Business or Organization Affiliation:

Address:

11911 Magnolia  
Street

City

Valley Village CA

State

91607  
Zip

Business phone:

Representing:

community/residents

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

1/29/2010

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DECORUM WILL BE ENFORCED.

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

10-007, #4

I wish to speak before the

Los Angeles 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: SANDY HUBBARD

Business or Organization Affiliation:

Address: 11911 MAGNOLIA BLVD #10, VALLEY VILLAGE, CA 91607

Street

City

State

Zip

Business phone: 323 965 3785 Representing: SELF

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

29 Jan 10

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

4

I wish to speak before the

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

(X) Against proposal  
( ) General comments

Name:

Dr. Clyde Williams

Business or Organization Affiliation:

LA 32 NC

Address:

Street

City

State

Zip

4115 Barrett Rd LA CA 90032

Business phone:

Representing:

Stakeholders Association

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

1/29/10

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

10-0017 § 10-0017-S1

# 4

#3

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

(x) Against proposal

( ) General comments

Name: BEN REZNIK

Business or Organization Affiliation: Jeffrey Mangel et al

Address: 1900 Avenue of the Stars 7th Fl L.A. Calif 90067  
Street City State Zip

Business phone: (310) 203-8080 Representing: First Regional Bank

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



Client Name: First Regional Bank 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

1/29/2010

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

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

Agenda Items 4 + 5

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: Ron Hirsch ( ) General comments

Business or Organization Affiliation:

Hirsch/Green Transportation Consulting

Address:

13333 Ventura Boulevard #204 Sherman Oaks CA 91423

Street

City

State

Zip

Business phone:

(818) 325-2530

Representing:

Applicant

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

1/29/10

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

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

#455

I wish to speak before the

LA CITY COUNCIL

Name of City Agency, Department, Committee or Council

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

( ) Against proposal

( ) General comments

Name: GARY SCHAFFEL

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: Phone #:

Client Address:

Street

City

State

Zip

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# CITY OF LOS ANGELES SPEAKER CARD

Date  
1-29-10

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

Council File No., Agenda Item, or Case No.  
# 2

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: Michael Weber

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

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

Business phone: \_\_\_\_\_ Representing: Valley Village

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

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

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# CITY OF LOS ANGELES SPEAKER CARD

Date 29 JAN 2010

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

Council File No., Agenda Item, or Case No. ITEM 4 10.0017

I wish to speak before the LOS ANGELES CITY COUNCIL CD2  
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

Name: Barbara Monahan Burke ( ) Against proposal  
(x) General comments

Business or Organization Affiliation: STUDIO CITY NEIGHBORHOOD COUNCIL *street member*

Address: 4223 Wilkinson Ave, Studio City, CA 91614  
Street City State Zip

Business phone: cell = 818 212 4438 Representing: SC Neighborhood Council *officer*

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

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ *officer Co-Chair*

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

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