Ikm# 1

| | | | | pr. |
|------------------------------------|---|---------------------------|-----------------------|---------------------------------------|
| Dec 14/10 | THE CITY COUNCI | | Council File No., Age | nda Item, or Case No. |
| I wish to speak before the | A b / / Name of City Agency, Dep | | CF 19- | 0773 |
| | Name of Only Agency, Dep | carment, committee or c | JOURGI J | • |
| Do you wish to provide general p | public comment, or to speak | for or against a proposal | on the agenda? (|) For proposal |
| Name: 1 AR (A | LEON | | |) Against proposal) General comments |
| Business or Organization Affiliati | on: <u>BAC</u> | · 54C | | |
| Address: 4228 | W. SUNSET | BLVd L | ACA | 1000 |
| Street Business phone:323-423 | | BAC SA | State | Zip |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PE | OVIDE CLIENT INFOR | MATION BELOW: | |
| Client Name: | | | Phon | 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.

Ikm #1

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|-----------------------------------|---|---|-----|
| Date | THE CITY COUNCIL'S RULES OF | Council File No., Agenda Item, or Case No | ο. |
| | DECORUM WILL BE ENFORCED. | 10-0773/ | |
| • | | | |
| I wish to speak before the | 7 PHA Committee | | |
| | Name of City Agency, Department, Committee | tee or Council | |
| Do you wish to provide general | public comment, or to speak for or against a pr | | al. |
| Name: PRV. KOBERTA | Morris | () Against proposa () General comme | |
| Business or Organization Affiliat | ion: Los Feliz Artualk | A American Catholic Chur | 1 |
| Address: 1733 \ | J. New Hompshire Brd | Los Agels CA 90027 | |
| Business phone: 323,486 | 9916) Representing: Art wall | C A A CC | |
| | A PAID SPEAKER AND PROVIDE CLIENT I | | |
| 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. | | |
|--|--|--|--|--|
| 12.14-10 | DECORUM WILL BE ENFORCED. | 10-04113 602 | | |
| | | | | |
| I wish to speak before the | Arts, Parks | | | |
| | Name of City Agency, Department, Committee of | r Council | | |
| Do you wish to provide general p | public comment, or to speak for or against a propo | | | |
| Name: | MARSHALL | () Against proposal () General comments | | |
| Business or Organization Affiliati | ion: <u>Paray Apple 4.4/</u> | Well Amind | | |
| Address: | Mallen of Rhyd | State Zip | | |
| 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.

CITY OF LOS ANGELES SPEAKER CARD I fen # 1

| 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, Commit | ttee 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 () Against proposal () General comments |
| Business or Organization Affiliat | ion: Now | |
| Address: Street | Figueroa Si | 90000 |
| Street Business phone: 33343 | Representing: | State Zip |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT | INFORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address: | City | State Zip |
| Olioce | Ony | Oldio Lip |

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

Ika # 1

| Date | THE CITY COUNCIL'S R DECORUM WILL BE EN | ULES OF | Council File No., Agenda Item, or Case No. |
|--------------------------------------|--|-----------------------|--|
| I wish to speak before the | Name of City Agency, Department | ealt Committee or Cou | CF 10-15773 |
| Do you wish to provide general Name: | public comment, or to speak for or | | <i></i> |
| Business or Organization Affiliat | ion: | | |
| Address: 4500 / L Street | City ST. City St. 1098 Representing: | <u>'</u> | State Zip |
| | | V | <u></u> |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVID | E CLIENT INFORMA | ATION 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.

I km #1

CITY OF LOS ANGELES SPEAKER CARD

| Street | City | State Zip |
|-----------------------------------|---|---|
| Client Address: | | |
| Client Name: | | Phone #: |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFO | DRMATION BELOW: |
| Business phone (3) 162 | ন্ত্র55 Representing: | |
| Address: Street/ | City (170) | State Zip |
| 16671 Seca | ret Blood #1502 Hol | 6 word 01 70028 |
| Business or Organization Affiliat | ion: Hollyword Arts Coren | ail) [GGPNC] |
| Name: / WWW | (Arsleman) | (v) General comments |
| Do you wish to provide general p | public comment, or to speak for or against a propos | sal on the agenda? () For proposal () Against proposal |
| | | |
| i wish to speak before title | Name of City Agency, Department, Committee o | r Council |
| I wish to speak before the | Arts, Parks | |
| 17/7/10 | DECORUM WILL BE ENFORCED. | CF 10-16773 |
| Date in Allina | THE CITY COUNCIL'S RULES OF | Council File No., Agenda Item, or Case No. |
| t . | | |

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

Ifen# 1

| Date / 2 / / (| THE CITY COUNCIL'S DECORUM WILL BE I | RULES OF | Council File No., A | Agenda Item, or Case No. |
|--|---|----------|---------------------|---|
| I wish to speak before the | Arts loves Name of City Agency, Depar | | ncil | |
| Do you wish to provide general p | | | | |
| Name: | Schers | | | (<) Against proposal () General comments |
| Business or Organization Affiliati | on: | | <u> </u> | |
| Address: Street | Nala | Les Ac | State | <u> 70 6 7 2 </u> |
| Business phone: | | | | Z1p |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: | | | | |
| Client Name: | | | Ph | one #: |
| 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>

Flen#1

| Date 14 Dec 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 | Park Rouseafron. Name of City Agency, Department, Committee or | Council | | |
| | public comment, or to speak for or against a propos | | | |
| Name: Michael | Ligon | () Against proposal () General comments | | |
| Name: Michael Business or Organization Affiliation | on: citizen | | | |
| Address: 430 | N. Hasper Ave | CA 90046 | | |
| Business phone: 323.378 | N. Harper Are City 3.6192 Representing: William Gra | at Stills community Ctr | | |
| 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.

Ifm#1

| Date 12-15-2010 | THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO | ES OF | e No., Agenda Item, りううろ | or Case No. |
|------------------------------------|--|--------------------------------------|-----------------------------|-----------------------------|
| I wish to speak before the | PIZTS, Payks, Healt Name of City Agency, Department | N, $Aqing Co$, Committee or Council | mnitted | <u> </u> |
| Do you wish to provide general p | oublic comment, or to speak for or ag | ainst a proposal on the ager | | |
| Name: AACON | Donovan | | () Again () Genei | st proposal ral comments |
| Business or Organization Affiliati | Donovan ion: Barnsdall Art | Center Stu | dent. | ldvisor |
| Address: 3692 D1 | .Vision St- (| A CA | 9006 | 5 |
| Street | City | State | Zip | |
| Business phone: | Representing: | | | |
| CHECK HERE IF YOU ARE A | A PAID SPEAKER AND PROVIDE | CLIENT INFORMATION BE | 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.

| Date 2 - 4 - 0 | THE CITY COUNCIL' DECORUM WILL BE | S RULES OF | Council File No., Agen | da Item, or Case No. |
|------------------------------------|-----------------------------------|---|------------------------|---|
| I wish to speak before the | Name of City Agency, Depa | M Paulus Ac rtment, Committee or Cou | COOL | <u>/ </u> |
| Do you wish to provide general p | oublic comment, or to speak fo | r or against a proposal or | n the agenda? () | For proposal |
| Name: 12.56(1 | end Cer John | 1801 | | Against proposal General comments |
| Business or Organization Affiliati | ion: <u>Grand U</u> | 1570n 7-Qx | ndation | |
| Address: 434 W. Street | 6th St San 1 | Pedro CA | 90731 | wy: |
| Business phone: 3/15/533-1 | +8/2 Representing: 6 | spand VISLO | State | Zip |
| CHECK HERE IF YOU ARE A | | | | |
| Client Name: | | | Phone | #: |
| Client Address:Street | Ci | · ty | 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 Dec 4 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 of | or Council | | |
| Do you wish to provide general Name: | public comment, or to speak for or against a propo | | | |
| Business or Organization Affiliat | ion: Fast Hollywood Deighbo | | | |
| Address:Street Business phone: | City Representing: | State Tip Verghbythand Cocracl | | |
| 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.