	CITY OF LOS ANGELES SPEAKE	ER CARD 10-0773
Date 5 (11/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Vase No.
I wish to speak before the	A PIAA 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	
Name: Paul	Gamberg	Against proposal () General comments
Business or Organization Affiliat		AO/
Address: 4800 Street	Hollywood Blud	LOS Anc CA 900 28
Business phone: 310-476	6-9009 Representing: BACSA	
	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

09-0600-3195/

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 SPEA	AKER CARD & 13	10-0773
5-11-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Comm	nittee or Council	
Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agenda?	() For proposal () Against proposal (1) General comments
Business or Organization Affiliation	on: Barns da ac ant	Park	
Address: Street	allywood Blod	State	90000
Business prione: 698-35	Representing:		-
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOV	W:
Client Name:		PI	none #:
Client Address:Street	City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. 5/11/10 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Arts Parks HEALTH 3 AGING 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: PANISUS BYAZELL ∴ General comments Business or Organization Affiliation: 4r+s For LA Business phone: 43 225-7580 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: _____Street

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City

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e.	CITY OF LOS ANGELES	SPEAKER CARE			
Date 5-11-10	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	SOF	cil File No., Agen (名, (名	da Item, or Case No.	
wish to speak before theA	Name of City Agency, Department,	S Agan Committee or Council			
Do you wish to provide general Name: Fred All	public comment, or to speak for or aga	inst a proposal on the	agenda? ()	For proposal Against proposal General comments	
Business or Organization Affilia	tion: Grand Visition F	oundation	~		
Address: 880 W	18it ST San Ped	(TO	V	2731	
Street Business phone: <u>310 832</u> .	$\frac{4700}{}$ Representing: $\frac{G.V.}{}$	Found.	ate	Zlp	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone	#:	
Client Address:Street	City	SI	ate	Zip	

	CITY OF LOS ANGELES S	PEAKER CARD	10-0773
Date 5-11-10	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OF	File No., Agenda Item, of Case No.
I wish to speak before the $_$ \bigcirc	LIFE COMMUNICIE ON ON Name of City Agency, Department, C	ts Pauls Hommittee or Council	eath+Aging
Name: Elizabeta	oublic comment, or to speak for or again	huson /	genda? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: <u>Grand Ulszon Fo</u>	rundation_	
Address: 434	W. Loth St San	Pedro CA	9073/ Zip
Business phone: 310833	4813 Representing: — Sel	F & orden	ization is board
	A PAID SPEAKER AND PROVIDE CL	\sim	
Client Name:			Phone #:
Client Address:	City	State	e Zip
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	CITY OF L	OS ANGELES SPEAKER	CARD	10-0773
Date 5/11/10	i	TY COUNCIL'S RULES OF UM WILL BE ENFORCED.	Council F	ile No., Agenda Item, or Case No.
wish to speak before the	Lets	·		
•	Name of City	Agency, Department, Committee or	Council	
	And the second s	or to speak for or against a proposa	al on the age	enda? () For proposal () Against proposal () General comments
				
		SAN PEDRO NEIGHBOR		
Address: 726 W 30	OTH ST	SAN PEDRO	CS	9073
Street Business phone: 310,514.	2052 Rep	SAN PEDRO City resenting:	State	Zip
		ER AND PROVIDE CLIENT INFO		
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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CITY OF LOS ANGELES SPEAKER CARD

10-0773

Date MAY 11, 2010	THE CITY COUNCIL'S F	•	Council File No.	, Agenda Item, or Case No.			
I wish to speak before the ARTS, PARKS, ItENLTH & AGING COMMITTEE							
	Name of City Agency, Departm	ent, Committee or Co	ouncil /				
Do you wish to provide general Name: TAYLOR GILOR	public comment, or to speak for o	against a proposal c	on the agenda	? () For proposal () Against proposal () General comments			
Business or Organization Affiliat	ion: THE ROAD THEAT	ME Go/LAI	NKOWHM	AVOTS CENTER			
Address: 5108 LANKO	USHIM BLAD NORM	Howywood	State	91601			
Business phone: 618 752	•		Otate	۳.۱ħ			
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 10-0773			
MMY 11, 2010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
wish to speak before the A, P, H; AGING COMMITTEE				
Name of City Agency, Department, Committee or C	Council			
Do you wish to provide general public comment, or to speak for or against a proposa	I on the agenda? () For proposal () Against proposal () General comments			
Business or Organization Affiliation: ROD THATEE Co./LANKS	NSHIM ARTS CENTER			
Address: 5108 LANKENSHIM RUD WORTH HOWINDS				
Business phone: 818 752 7568 Representing:	State Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	Phone #:			

09-0600-5195

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City

Client Address:

Street

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	CITY OF LOS ANGE	LES SPEAKER CA	RD l°	773
Date 5-11-10	THE CITY COUNCIL' DECORUM WILL BE	S RULES OF		nda Item, of Case No.
wish to speak before the	1PH+A			
	Name of City Agency, Depa	rtment, Committee or Cour	peti	
Do you wish to provide general		r or against a proposal on	the agenda? () For proposal) Against proposal
Name: NATHAN	JINCON	_	() Agamst proposal) General comments
Business or Organization Affilia	tion: BACNSDAC	: Aut Conti	Stud A	dr. Gor
Address: 4600	Holly wood Blad	LA	CA	1
Address: 4606 And Street Business phone: 327 464	Representing:	BAVEROU A.	Jaie LA	Zip
CHECK HERE IF YOU ARE				
Client Name:			Phon	e #:
Client Address:				
Street	Ci	ty	State	Zip

CITY OF LOS ANGELES SPEAKER CARD

09-0600-5195 10-0773

Date M AY 11, 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	E AGING CAMITTEE e of City Agency, Department, Committee or A	Souncil	
Do you wish to provide general public of	omment, or to speak for or against a proposal	on the ager	
Name: SUZANNE TAR			() Against proposal () General comments
Business or Organization Affiliation: R	SAD THORME G/ LANKONSH.	n ARB	CENTON
Address: 5/08 LANKONSIA	AD THEATRE G/LANKENSITY MEND, NORTH HOLLYWOOD City	A	71681
Business phone: 818.752.756	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	ELOW:
Client Name:			_ Phone #:
Client Address: Street	City	State	Zip

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