CITY OF LOS ANGELES SPEAKER CARD
Date THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No. 8/17/10 DECORUM WILL BE ENFORCED.
wish to speak before the <u>ARTS</u> PAPES Name of City Agency, Department, Committee or Council
ame: <u>ROBEET FAREELL</u> () For proposal () Against proposal () General comments
usiness or Organization Affiliation: <u>CARSTAL SAN PEDRO NEVERABORHOOD</u> <u>COUNCIL</u> <u>APTS</u> <u>DISTRICT</u> ddress: <u>726 West 30th Street</u> <u>SAN PEDRO</u> <u>C4.</u> 90731 hwve <u>Street</u> <u>City</u> <u>State</u> <u>Zip</u> usiness phone: <u>310, 514, 2052</u> Representing: <u>SELF</u>
HECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
lient Name: Phone #:
lient 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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CITY OF LOS ANGELES SPEAKER CARD
Date THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No. 3/17/10 DECORUM WILL BE ENFORCED. 10-0773
I wish to speak before the <u>Arts</u> , <u>Parks</u> , <u>health + Aging <u>Committee</u> Name of City Agency, Department, Committee or Council</u>
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
Name: <u>Claire Knowlfon</u> () Against proposal (2) General comments
Business or Organization Affiliation: McGroarty Arts Center Address: 7570 McGroarty Terr, Tujunga, Cit 91042 Street Zip
Address: 1510 McGroarty Terr, TUjunga, City 91092 Street Business phone: 318-352-5285 Representing:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
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Client Address:
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Date ا-17-2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, of Case No. $10 - 0773$
	DECONOM WILL DE LINFONCED.	10 010
I wish to speak before the	APHA	
	Name of City Agency, Department, Committee or C	Jouncil
Do you wish to provide general p	public comment, or to speak for or against a proposal	on the agenda? (-XFor proposal
		() Against proposal
Name: <u>AUL</u>	(JAMBERG	() General comments
Business or Organization Affiliati	on: <u>BACSAC</u>]
Address: <u> </u>	Holly BL LOSA	ng CA 90027
Business phone: 323-64	4-629 Representing: BACSO	<u>+</u> C
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:		Phone #:
Client Address:		
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 Aug ust 17, 2010	THE CITY COUNCIL'S R DECORUM WILL BE ENI			Agenda Item, or Case No.
I wish to speak before the	<u>Arts, Parks, Health</u> ame of City Agency, Departme	and Ago'n ent, Committee or G	g Commi	He
Do you wish to provide general publi	c comment, or to speak for or	against a proposal	on the agenda?	? () For proposal
Name: Andrea Heg	y be li			 Against proposal General comments
Business or Organization Affiliation:	Grand Vision	Foundation	4	
Business or Organization Affiliation: Address: <u>434</u> W. C+. Street	st. San H	edro	CA	90731
Business phone: <u>3/0-833-</u>				Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVID	e client infori	MATION BELO	w:
Client Name:			P	hone #:
Client Address:				
Street	City		State	Zip
Please see reverse of card for im	portant information and subm	it this entire card to	the presiding a	fficer or chairperson.
	NOTE: THIS IS A PUBI		-	

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Date AMg. 17, 2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or ease No. 10-0 フィス
I wish to speak before the	Av ts, Parks, Heuth &	Aging
Do you wish to provide general p	public comment, or to speak for or against a proposal	on the agenda? () For proposal
Name:	Janson	() Against proposal
Business or Organization Affiliati	on: <u>AFRANA VISIDIU FAILO</u>	
Address: 434 W.	on: <u>Airand VIGION Fol</u> . lethstreet, <u>San Peelvo</u> , _{City}	ČA 90731 State Zip
Business phone: 3/0 833	4813 Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:		Phone #:
Client Address: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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	CITY OF LOS ANGELES SPEAKE	R CARD
Date 8-17-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Jtem, or Case No.
I wish to speak before the	<i>Is</i> , <i>Parks</i> , <i>Health</i> , <i>J. Agens</i> , Name of City Agency, Department, Committee	or Council
· ^ ·	public comment, or to speak for or against a propo	
Name: there me	Indoza	(). Against proposal (). General comments
Business or Organization Affiliati	on: Grand Vision 70	undation
Address: 434 W	on: Grand Vision 70 Gethest, San Pedro, City	CA 90731
Business phone? 10-833-	<u>- 4813</u> Representing:	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	or important information and submit this entire car	<u>rd to the presiding officer or chairperson.</u>
	NOTE: THIS IS A PUBLIC DOCUME	NT.

Date 8-17-2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the AV	AS PARKS and Aging ame of City Agency, Department, Committee or	Council
Do you wish to provide general publ	ic comment, or to speak for or against a proposa	I on the agenda? () For proposal
Name: LZ Schir	-	() Against proposal General comments
	Grand Vision Four	
Address: 434 W.	6th St. San Pedro	CA 90731
Business phone: 310 833-48	13 Representing: Grand VISU	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Sileet	City	State ZIP
Please see reverse of card for in	nportant information and submit this entire card t	o the presiding officer or chairperson.
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Date 8 17 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	Arts, Health, Aging, Committee or Name of City Agency, Department, Committee or	8 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:	ven Greentiela	() Against proposal () General comments
Business or Organization Affiliati	on: LAMAGA	
	wood Drive, Los Angeles,	CA 9084 State Zip
Business phone: $(\underline{313})$ $\underline{344}$		State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:		
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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	CITY OF LOS ANGELES SPEAK	
Date 8-17-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	ARTS PHELE HEAUTH + RG Name of City Agency, Department, Committee	
Do you wish to provide genera Name: <u>Tokie Roi</u> e	al public comment, or to speak for or against a property $\frac{1}{2}$	oposal on the agenda? () For proposal () Against proposal (<) General comments
	~	
Business or Organization Affili	ation: BARNSDAL ART.	
Address: <u>7.6.79 N 13/57</u> Street	VION MAY LOS ANGELES City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Please see reverse of care	d for important information and submit this entire	card to the presiding officer or chairperson.
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Cľ	TY OF LOS ANGELES SP	EAKER CARD	
Date 8/17/10	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE	DF	o., Agenda litem, or Case No.
I wish to speak before the	Arts PArks HEALth	+ 3 AGING	
		and the second second	
Name: DAN • EVLE 1	c comment, or to speak for or agains	t a proposal on the agenda	() Against proposal () Against proposal () General comments
Business or Organization Affiliation:	Arts For La		
Address: <u>1149 3.</u> Street	NGS. LA, GA "	10015/	
Business phone: <u>W3- W5- 158</u>		State	Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIE	INT INFORMATION BEL	ow:
Client Name:		· .	Phone #:
Client Address:Street	City	State	Zip

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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 $ARTS$ ARKS 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:
Business or Organization Affiliation:
Address: 802 D DILLON DA CA 90026 Street Business phone: 323 663 1664 Representing:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address: City State Zip
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Particular	CITY OF LOS ANGELES SPEAKER CARD
Date 08/17/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.
I wish to speak before the	MAS, Parks, AC. COMMittee Name of City Agency, Department, Committee or Coupcil
	public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () General comments ion: <u>Hilltop Nursery School</u> Narathon <u>Strict LA</u> <u>A</u> <u>9026</u> City <u>State</u> Zip
Address: 3625 Street	iarathon street LA or 90026 City State Zip
Business phone:	Representing:
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name:	Phone #:
Client Address:	City State Zip
Please see reverse of card	or important information and submit this entire card to the presiding officer or chairperson.
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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			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal			
Name: Against proposal			
Business or Organization Affiliation: Holly of Arts Council Barnsdall Art Parks toundated			
Address: 2489 N. Edgement SH LA CA 90027			
Business phone: 762-2355 Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name: Phone #:			
Client Address:			
Sireer Oily State Zip			
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CITY C	OF LOS ANGELES SPEAKER	CARD
	HE CITY COUNCIL'S RULES OF ECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theName of	T City Agency, Department, Committee or (Council
Do you wish to provide general public com	ment, or to speak for or against a proposa	
Name:	inetur	(X Against proposal () General comments
Business or Organization Affiliation:	Baingdall	r -
Address: Halen	wit Bled - LA	90024
Business phone: 648-3501	City Representing:	State Zip
CHECK HERE IF YOU ARE A PAID SP		MATION BELOW:
Client Name:		Phone #:
Client Address:		· · · · · · · · · · · · · · · · · · ·
Street	City	State Zip
Please see reverse of card for importar	nt information and submit this entire card to	the presiding officer or chairperson.
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Date State Council File No; Agenda Item, or Case No. 8 17 DECORUM WILL BE ENFORCED.			
I wish to speak before the <u>CITY</u> COMMITTEE ACB, CMTMENNI 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: SHELAH LEHRER-GRAINER			
Business or Organization Affiliation: BARNSDALL ARIS / FOUAC			
Address: <u>4814 HOLLYWOOD BLUD LA</u> Street City State Zin			
Address: <u>4814</u> Holl YWOOD BLUD LA CA <u>90027</u> Street City State Zip Business phone: <u>323-363-4624</u> Representing: BA/FOUSE			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name: Phone #:			
Client Address:			
Sireer Oily State Zip			
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Date 8, 17,2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda tem or Case No.		
I wish to speak before the Nam	APAS COMMARCE	or Council		
Do you wish to provide general public o	comment, or to speak for or against a prop	osal on the agenda? () For proposal		
Name: Name:	(6au)	() Against proposal General comments		
Business or Organization Affiliation:	Barnsdall BACS	A ,		
Address:	Hlund	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 impo	ortant information and submit this entire ca	rd to the presiding officer or chairperson.		
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CITY OF LOS ANGELES SPEAKER CARD			
Date THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No. AUG 17 DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.			
I wish to speak before the APHA CommITTEE 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: <u>SUZANNE TACA</u> () Against proposal (X) General comments			
Pusinger or Organization Affiliation / A Alk 24644 A AST (SA FERM			
Address: <u>S108 Lavkalstim RLV3</u> NORM (DLU4NOD) CA 91601 Street City State Zip			
Street City State Zip Business phone: <u>8/7 752-7568</u> Representing: <u>MS- 749LAL 6/L BCN5</u>			
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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