	CITY OF LOS AI	NGELES SF	'EAKER	CARD	-0378	-
Date 3 /2 4 / 11	THE CITY COU DECORUM WIL			Council File No.	, Agenda Item, or Ca	se No.
I wish to speak before the	Name of City Agency,	s ( Co	mmittee o	r Council		
Do you wish to provide general p	1				( ) Against prop	oosal
Name: CACA	ion: LA Cho	wha	0 (	Cenn	Lee.	
Address: Street						
Street Business phone:	wee-	•		State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLI	ENT INFO	RMATION BELC	w:	
Client Name:	<u> </u>			P	hone #:	

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

# CITY OF LOS ANGELES SPEAKER CARD THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No. Date in took ilegation to have 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 of against a proposal on the agenda? / ) For proposal Against proposal General comments Name: Business or Organization Affiliation: Address: \_\_\_\_\_ State Business phone: 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.

State

Zip

Client Address:

Date 3-35	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	public comment, or to speak for or against a propo	sal on the agenda?	( For proposal
Name:	Tames Elmenfurt		Against proposal     General comments
Business or Organization Affiliat	ion:		
Address:		:	
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:		P	none #:
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 3 19 2011	THE CITY COUNCIL'		Council File	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depa	rtment, Committee or (	Council /	
Do you wish to provide general p	A contract of the contract of	r or against a proposal	on the ager	
Name: 3 Oldn	MARKO			( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: KACVED.	4 flores		
Address: \$ 00	5 H101ST	LH	CH	90012
Business phone: 2000	Ci (4433 Representing:	by Kalengal	State 1901	vada Hayea
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFOR	MATION BI	ELOW:
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.

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Council File No.,	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Name of City Agen	cy, Department, Committee	or Council			
Do you wish to provide general	public comment, or to	speak for or against a prop	osal on the agenda?			
Name: <u>(** ZAA CARS) -</u>	<u> </u>			<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>		
Business or Organization Affilia	tion:		· · · · · · · · · · · · · · · · · · ·			
Address: Street	5 Egyera	City	State	7967 Zip		
Business phone: <u>213 50</u>	Represer	nting: 3 MAGATO				
CHECK HERE IF YOU ARE				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 3/24/11	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 of City Agency, Department, Committe	ee or Council
Do you wish to provide general public of Name:	omment, or to speak for or against a pro	oposal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comment
Business or Organization Affiliation: W. Address: 5400 W. Century Street	lestin Los Angeles Airport	
		CA 90045 State Zip
Business phone: 310 417 4501  CHECK HERE IF YOU ARE A PAID		NEODWATION BELOW:
Client Name:	OFFWER WAD LUCAIDE OFIEM!	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 3/29/11	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	oublic comment, or to speak for or against a prop	osal on the agenda? (🗶) For proposal
	J. GORELICK	
Business or Organization Affiliat	ion: REWAISSAWCE HOLLYWER	O HOTEL & SPA
Address: /755 A/c	HIGHLAND AUE HOLLY WEDE	1 4 90028 State 7in
Business phone: <u>327 856 1</u>	200 Representing: /// // PO 77	
CHECK HERE IF YOU ARE	PAID SPEAKER AND PROVIDE CLIENT IN	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 presiding officer or chairperson.

Date 3/28	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., 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 genera Name: こんん	al public comment, or to speak for or against a propo	_	(? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affil	iation:		- Adapters
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	E A PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		<u> </u>	Phone #:
Client Address:	O!L	Olivity	7in
Street	City	State	Zip

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

Date 3/29/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
, <u></u> -	Name of City Agency, Department, Committee	-	
Do you wish to provide general	public comment, or to speak for or against a pr	oposal on the agenda?	For proposal  ( ) Against proposal  ( ) General comments
Business or Organization Affiliat	tion: Omni Hotel and are LA C.		AAQ
Address: Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW	·:
Client Name:		Pho	one #:
Client Address:Street	City	State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

2-27-2011	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, Committ	ee or Council
Do you wish to provide general p	public comment, or to speak for or against a pr	
Name: 12041	KENWORTHY	( ) Against proposal ( ) General comments
/ * · · · · · · · · · · · · · · · · · ·	ion: CH Will Chamba	is as Commerce
Address: 250	J-Zixel	- H U CH 90017
Street	S31 Representing: LH (NA	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:	- Caramana and Car	Phone #:
Client Address:Street	City	State Zip

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Date 3/29/11		NCIL'S RULES OF L BE ENFORCED.	Council	File No., Age	enda Item, or Case No.
I wish to speak before the	Cry Counce Name of City Agency,	Department, Committ	ee or Council		<u>/</u>
Do you wish to provide general p	•	eak for or against a pr	roposal on the aç	genda? (	) For proposal ) Against proposal ) General comments
Business or Organization Affiliation Address: 7 4222 // // Street		enech		7	0110Blue
Address: 7000 Street  Business phone: 818.232. 6	32-2 Representin	City 7 7 10 19 9:	State		Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION		
Client Address:Street		City	State		Zip

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