

CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.
YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date

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

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

#23 - 12 - 0743

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:

PHILIP VAUGHAN

Business or Organization Affiliation:

PACIFIC BATTLESHIP CENTER - VENTUR PRODUCTIONS

Address:

1301 EAST MORRIS PL.

Street

ALHAMBRA

City

CA

State

91001

Zip

Business phone:

626 799 6777

Representing:

PACIFIC BATTLESHIP CENTER

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.

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Date: 5-25-2012

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

Council File No., Agenda Item, or Case No.
ITEM # 23-12-0743

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: DAVID WAY

Business or Organization Affiliation: PACIFIC BATTLESHIP CENTER

Address: PO BOX 1739 SAN PEDRO CA 90733
Street City State Zip

Business phone: 714 504 4402 Representing: PACIFIC BATTLESHIP CENTER

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Client Address: _____
Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

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Date
5-25-12

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

Council File No., Agenda Item, or Case No.
23

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
() Against proposal
() General comments
Name: Arnold Speiss

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Client Address: _____
Street City State Zip

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Date 5/22/12

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

Council File No., Agenda Item, or Case No.
#23

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

(X) General comments

Name: Noel Weiss

Business or Organization Affiliation: _____

Address: 13700 Manana Blvd. #922 Manana Blvd. Cal 91292
Street City State Zip

Business phone: (310) 822-0239 Representing: _____

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Client Address: _____
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Date 5/25

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

Council File No., Agenda Item, or Case No.
23

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: Todd Lindgren

Business or Organization Affiliation: Film L.A.

Address: 1201 W. 5th St. Los Angeles CA 90017
Street City State Zip

Business phone: 213-435-7968 Representing: _____

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Client Address: _____
Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD

San Pedro

Date/Time Submitted

05/25/2012 10:21 AM

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

23

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

Name: _____ **Scott Gray** () Against proposal

() 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 No.: _____

Client Address: _____

Street

City

State

Zip