

CITY OF LOS ANGELES SPEAKER CARD

Item # 8

Date

01-17-2012

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

12-1300-51

DNS

I wish to speak before the

~~Mark Roy McGrath~~ 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:

Mark Roy McGrath

Business or Organization Affiliation:

AIDS Healthcare Foundation

Address:

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 #8

Date 1/17/12

Council File No., Agenda Item, or Case No. 12-1300-51

DNS

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? (X) For proposal () Against proposal () General comments Name: Adam Cohen

Business or Organization Affiliation: UCLA Reproductive Health Interest Group

Address: 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

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CITY OF LOS ANGELES SPEAKER CARD

Date

1/18/12

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

8

DNS

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:

GEO KENSLEA

Business or Organization Affiliation:

AIDS Healthcare Foundation

Address:

6255 W. Sunset Blvd #22 Los Angeles CA 90028

Street

City

State

Zip

Business phone:

3238605200

Representing:

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

Date

1/19/12

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

8

DNS

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:

DARREN

EDWARDS

Business or Organization Affiliation:

AIDS Healthcare Foundation

Address:

6255 W. Sunset Blvd 21st FL

Street

City

State

Zip

Business phone:

323 860 5000

Representing:

AHF

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

DNS

Date
1-17-12

Council File No., Agenda Item, or Case No.
PUBLIC COMMENT
Item 8

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: TRACI BRYANT

Business or Organization Affiliation: ADULT ENTERTAINER

Address: DIST. 3

Business phone: 818 692-4286 City: SELF State: _____ Zip: _____

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

Date

1-13-12

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

8

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 S. Smith

Business or Organization Affiliation: _____

Address: _____

Street

Lennox

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

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