	CITY OF LOS ANGELES SPEAK	ER CARD Her Her		
Date 4/22/09	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	an portation (o		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () General comments				
Business or Organization Affilia				
Address:				
Street Business phone:	Representing:	Cardenas CDG6		
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.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD 17-3885-\$1

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

Council File No., Agenda	Item, or Case No.
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I wish to speak bet	fore the	TRANSPORTATIO	v	÷	
•	Nar	ne of City Agency, Department, Comm	ittee or Council		
Do you wish to pro	Λ	comment, or to speak for or against a	proposal on the agenda?	() For proposal () Against proposal	
Name:	Henous	SAENS		() General comments	
Business or Organization Affiliation:					
Address:	Ctroot	City	State	Zip	
		Representing:		,	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Pl	none #:	
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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CITY OF LOS ANGELES SPEAKER CARD 17-3885-51

Date 4.21.09	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	Committee		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal				
Name:		() Against proposal (火) General comments		
Business or Organization Affiliation: Bike Witers Collective				
Address: Stephen & Hinderse neative net				
Street Street	City Representing:	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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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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