CITY OF LOS ANGELES SPEAKER CARD



Date) - / 3- /()	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general pub	olic comment, or to speak for or against a propo	sal on the agenda? (
Name: Marco Lea	./	() Against proposal) General comments
Business or Organization Affiliation:	: South Bay Clarsons		F
Address: 6675 W.	88th St. L.A. CA	90045	
Street	City	State	Zip
Business phone: (3/0) (70	8738 Representing:	5 to	
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phor	ne #:
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

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Date			
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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	1.	mittee or Council	
Do you wish to provide genera	I public comment, or to sp	oeak for or against a	proposal on the agenda?	
Name:	L PRM L	1010		Against proposal General comments
Business or Organization Affilia	ation:			
Address:	4	//		4
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CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIEN	T INFORMATION BELO	w:
Client Name:			P	hone #:
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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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CI	IY OF LOS ANGELES SPEAK	CER CARD AT () X-/
Date 1/13/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Transportation (en	in flee
N Company	ame of City Agency, Department, Committe	ee or Council
Do you wish to provide general publiname: Business or Organization Affiliation:		oposal on the agenda? () For proposal () Against proposal () General comments
Address:Street	C. S.	Chala 7in
Business phone:	City Representing:	State Zip
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	/	
Street	City	State Zip

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CITY OF LOS ANGELES SPEAKER CARD

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Date 1/13/10		NCIL'S RULES OF L BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,			
Do you wish to provide general p	oublic comment, or to spe	eak for or against a pro	oposal on the agend	
Name: Aurist	la Smular	stei /		() Against proposal () General comments
Business or Organization Affiliat	ion: LACB	(
Address: 634 S		11,521	0,1	90014
Street	1 2	City	State	Zip
Business phone: 213 629	Representing	ģ:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT I	NFORMATION BE	LOW:
Client Name:			Ÿ.	Phone #:
Client Address:			<u> </u>	
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