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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		ATTON COMMITTE		
	Name of City Age	ncy, Department, Committee or	Council	
Do you wish to provide general	public comment, or to	o speak for or against a proposa	I on the agenda	
Name: LOSTIC C	aldera			() Against proposal () General comments
Business or Organization Affilia	tion: <u>UNATTACH</u>	EØ		
Address: 4921 L EA	MON AVE	LONG BEACH	CA State	90630
Business phone: 7/4 952				
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT INFOR	RMATION BELC	ow:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip



T/9/08	THE CITY COUNCIL'S RI DECORUM WILL BE ENI		Council File No.,	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departme		- ithin	
	Name of City Agency, Departme	int, Committee or C	Council	
Do you wish to provide general p	public comment, or to speak for or	against a proposa	on the agenda?	For proposal
Name: Oblin	BOGART			Against proposal General comments
Business or Organization Affiliat	tion:	. Tien	1, 0-61	it:
	Sincing LA City	, ,		
	City No. 2014 CRepresenting:		State	∠ip ¹
	A PAID SPEAKER AND PROVID		RMATION BELO	w:
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Official Autoria			W	Strage
Client Address: Street	City		State	Zip ,

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 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 or against a proposal on the agenda? () For proposal () Against proposal () Against proposal		and the same of th	iii 🚕 🤴 ,		00 1100	
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 () Against proposal () General commercial comme	Date 07/07/08	THE CITY COUNCIL	'S RULES OF	Council File !	No., Agenda Item, or Case No.	
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 () Against proposal () General commercial comme		COMMO				
Name: MARCEL PORRAS () Against proposal () General commer Business or Organization Affiliation: OFFICE OF (OUNCL PRESIDENT ERIC GARCET Address: Street City State Zip Business phone: Representing:	I wish to speak before the			Council		
Name: MARCEL PORFAS () General commercial commercial porfas () General com	Do you wish to provide general p	public comment, or to speak f	or or against a proposal	on the agend		
Address:	Name: MARCEL	PORRAS			() Against proposal () General commen	
Street City State Zip Business phone: Representing:	Business or Organization Affiliati	on: OFFICE OF (OUNCIL DRE	SIDENT	ERIC GARCET	7
Street City State Zip Business phone: Representing:	Address:			<u>%,</u>		
	, Street	C	Dity	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	Business phone:	Representing:			•	
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Client Name:Phone #:	Client Name:			in the second	Phone #:	
Client Address: Street City State 7in	Client Address:Street		Nitv.	State	7in	

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Date 7/9/2008	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 (ommittee) Name of City Agency, Department, Committee	or Council
Do you wish to provide general Name: RICHE	public comment, or to speak for or against a propo	osal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Los Angeles County	Bicycle Coalition
Address: 634 So. Spr	ing St. Ste 821 Los Angel	05 (A 900/4 State Zip
Business phone:	Representing: <u>LACBC</u>	O(G)(0)

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

State

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name:

Client Address:

CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the LA City Council Transportation Committee 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 Name: Alex Thompson General comments Business or Organization Affiliation: Rikes Writers Collective Address: 10741 Westwarter Ave LA City Business phone: 323 6008989 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #: Client Name: Client Address: City State

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 AN	IGELES SPEAKER	CARD	08-1723
7-9-08	THE CITY COU	NCIL'S RULES OF L BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Transportati	un Committe	<u>-</u>	<i>y</i> • • • •
	Name of City Agency, I	Department, Committee or	Council	e.
Do you wish to provide general				For proposal Against proposal
Name: Glenn	Bailey			(General comments
Business or Organization Affilia	<i>f</i>	*		
Address: 5926 H	esperia Ave	Encino	CA.	91316
Address: $\frac{5926}{\text{Street}}$ Business phone: $\frac{8/858}{}$	5-22/2 Representing	j:	State	Ζιρ
CHECK HERE IF YOU ARE			RMATION BELOV	N :
Client Name:	:		P	none #:
Client Address:				
Street		City	State	Zip

Date 7 - 9 - 08	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	ui Hee Council	,			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? 📈 For proposal						
Name: End	Box		() Against proposal () General comments			
Business or Organization Affiliation: illumivate LA						
Address: Oh G	(a					
Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
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Client Address:	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.

NOTE: THIS IS A PUBLIC DOCUMENT.



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Date	**	OUNCIL'S RULES OF		Council File No.	, Agenda Item, or Case No.
7/9/08		/ILL BE ENFORCED.		08-1723	· 3
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I wish to speak before the					
	Name of City Agend	cy, Department, Commi	ittee or Co	ouncil	
Do you wish to provide general	public,comment, or to	speak for or against a _l	proposal o	on the agenda	
Name: Tosey Bo	y-A1:	·			() Against proposal () General comments
Business or Organization Affiliat					
Address: 3706 A	J. Figureas	Los Amples		<u>CA</u>	40065
				State	Zip
Business phone:	Represen	ting:			
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT	INFORM	ATION BELC	w:
Client Name:	V			P	Phone #:
Client Address:			*		

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

City

Street



Date	Council File No., Agenda Item, or Case No.
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I wish to speak before the Trougle (grant 40	08-1723
Name of City Agency, Department, Committee o	r Council
Do you wish to provide general public comment, or to speak for or against a propo	() Against proposal
Name: Sylving Williams	() General comments
Business or Organization Affiliation:	
Address: 3706 N. Figures St. Los Aylle	90065 State Zip
Business phone: Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:	Phone #:
Client Address:	
Street City	State Zip

7/9/08 c	ITY OF LOS ANGELE	S SPEAKER C	ARD	9
Date 06/09/DSE	THE CITY COUNCIL'S F		Council File No., Age	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	Council	Tran	Sportsx
ا Do you wish to provide general pub	vame of Oity Agency, Departin) For proposal
Name: Ingrid	Peterson		() Against proposal) General comments
Business or Organization Affiliation	: 458B	(ON)		
Address:Street	CYCLES AR	ETRA	NSPORT State	TATON
Business phone:				<u>'</u>
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVI	DE CLIENT INFORM	IATION BELOW:	
Client Name:			Phor	ne #:
Client Address:Street	City		State	Zip