f			•
Date (1.21-65)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before theN	RANS PORTING lame of City Agency, Department, Committee o		COMMITTEE
Do you wish to provide general publ	ic comment, or to speak for or against a propose	-	/ \ Anainat properti
Business or Organization Affiliation:	MIDNIGHT RIE	MZL	INTL.
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	DRMATION B	ELOW:
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.

Date 11-24-08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	YOUS PO GMM + Name of City Agency, Department, Committee	EQ e or Council
Do you wish to provide general pu	blic comment, or to speak for or against a pro	posal on the agenda? (🖂 For proposal
Name: ENA BOX		() Against proposal () General comments
Business or Organization Affiliation	: illuminatelt Bike	Whiters Glective
Address: 1738 N. Garyon		CA 90028
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	O't.	Ctobo 7in
Street	City	State Zip

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CIT	TY OF LOS ANGELES SPEA	AKER CARD	سسنتم
Date 11.21.08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		
I wish to speak before the Na	ame of City Agency, Department, Comm	mittee or Council	گ ک
Do you wish to provide general publi Name: Business or Organization Affiliation:	hompso	a proposal on the agenda? (For proposal () Against proposal () General commer	
Address:	City	State Zip 🤇	
Business phone:	,	State Zip	4
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BELOW:	3
Client Name:		Phone #:	
Client Address:			$\tilde{\mathcal{L}}$

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

City

State

Zip

Street

Date ///2//08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department Committee on	Council	
Do you wish to provide general	public comment, or to speak for or against a proposa	on the agenda	
Name: LUIS UID-	Q S		() Against proposal () General comments
Business or Organization Affiliat	ion:		
Address: Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	MATION BEL	ow:
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.

08-1827

Date 11/21/27	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		lo., Agenda Item, or Case No. - Britatha	
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 proposa	al on the agend	a? (〉) For proposal	
Business or Organization Affiliat	ion: Street's block		- Comp	
Address: Street	11 Ush Shark C	State	Zip	
	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.

Date //-2/-08	THE CITY COUNC DECORUM WILL		1	e No., Agenda Item,	I
I wish to speak before the	Name of City Agency, De		TAANS PORT	TATION (unngthe.
Do you wish to provide general p	public comment, or to speak	c for or against a μ	oroposal on the age	() Agains	pposal st proposal al comments
Business or Organization Affiliat					
Address: 5602 C	XIVE AVE	LONG G	BEACH.	CA 9=	-80S
Address: Street Business phone: 562 714	442 Representing:	5ELF	State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATION B	ELOW:	
Client Name:				Phone #:	
Client Address:	• .	Cit.	Chaha	7.7	
201661	Tr.	City	State	Zip	

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

Date // 68	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or		EE.
Do you wish to provide general (public comment, or to speak for or against a proposa	al on the agenda?	
Name: Jce	Borto		Against proposal General comments
Business or Organization Affiliat	ion:		
Address:	City		
		State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	:
Client Name:		Pho	one #:
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.

Date 1/21/86	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. Agenda Item, or Case No.
I wish to speak before the Nar	ne of City Agency, Department, Committee	ommitte ee or Council
	comment, or to speak for or against a pro	pposal on the agenda? () For proposal () Against proposal
Name: Viocell	150109	() General comments
Business or Organization Affiliation:	Self	
Address: 164.59 T	Donnetz Street	Granda Hills CK 91348 State Zip
Business phone: 831-316	Representing:	State zip
	SPEAKER AND PROVIDE CLIENT II	
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.

Date 1/2/08	THE CITY COUNCIL' DECORUM WILL BE		Council File No. Ager	nda Item, or Case No.
I wish to speak before the	Name of City Agency, Depa	······································	Gnitt Council	le
Do you wish to provide general p	oublic comment, or to speak fo) For proposal) Against proposal) General comments
Business or Organization Affiliati	on:	<u>,</u>		
Address: 5409	RSSell	Au hos	Angelo	90027
Address: 5009 Street 323/4	793-5663 Representing:	ıy	Sidite	Σίμ
CHECK HERE IF YOU ARE A			RMATION BELOW:	
Client Name:			Phone	e #:
Client Address:	C	ity	State	Zip

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

Date 11/21/08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. Age	nda Itèm, or Case No.
		OME	- <u>L</u>
Nam	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public c	omment, or to speak for or against a propøs	al on the agenda? (x	For proposal
Name: 6 Cyclist	Bill of Rights	Mary	Against proposal) General comments
Business or Organization Affiliation:	Citizen of Los A	vaetes	
Address: 16 45 9	Downetz Granda	Hills CA	91344
Business phone: 3.574-034/	Downetz Granda City Representing: Self	State	Zip "
	SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		Phon-	e #:
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.

Date 1/21/08	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
I wish to speak before the	Name of City Agency, Department Committee)	or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a propo		
Name: Paula	Daniels) Against proposal)7 General comments
Business or Organization Affiliati	ion: Sound of Poll-	2 mp	
Address:		•	
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phone	e #:
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.

OF LOS ANGELES SPEAKER CARD 08-1821 Date Council File No., Agenda Item, or Case No. 11.21.08 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 General comments Name: Business or Organization Affiliation: 90028 Address: Business phone: _____ Representing: ___ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:

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

State

Zip

City

Client Address: