CITY OF LOS ANGELES SPEAKER	R CARD 08-1967		
THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
wish to speak before the			
Name of City Agency, Department, Committee of Do you wish to provide general public comment, or to speak for or against a propo	sal on the agenda? () For proposal		
Name:	CDW Phious		
Address:	Called State Zip 70032		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:	Phone #:		
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

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		I	Council File No., Agenda Item, or Case No. 08-1967		
I wish to speak before the N	ame of City Agency, De	epartment, Comm				
Do you wish to provide general publi	c comment, or to speal	k for or against a	proposal or	the agend		
Name: Chris Rowe			···		() Against proposal () General comments	
Business or Organization Affiliation:	WHNC					
Address:				-		
Address:Street Business phone:	Representing:	City Se/f	No.	State	Zip	
CHECK HERE IF YOU ARE A PA				ATION BE	LOW:	
Client Name:					Phone #:	
Client Address:		:			•	
Street		City		State	Zip	

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

	CITY OF LOS ANGELES SPEAK	ER CARD 08-1961
Date / 3 April 2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Wagy & MUSTON MUNIC Name of City Agency, Department, Committee	or Council
Do you wish to provide general pu	ublic comment, or to speak for or against a pro	posal on the agenda? (X) For proposal () Against proposal () General comments
Business or Organization Affiliation	n: Studio City Weigh borhot	L Council
Address: 4223 Mill	Mison Ave. Studie CI	State Zip
Business phone: <u>2/2/2/</u> CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	DOMED : DOMED
Client Name:	TAID OF LANCER AND FRONDE OFFICE	Phone #: MEMBER
Client Address:Street	City	State Zip

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

CITY OF LOS ANGELES SPEAKER CARD

08-1967

Date 4 - 1 3 - 2 0 + 0	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 o	1 Council Hee	
Do you wish to provide general	public comment, or to speak for of against a propos		
Name: Jack	klym Threville	() Against proposal () General comments	
Business or Organization Affiliat			
Address:	5900 Wishine	# 550, LA CA 90036	
Business phone: 333.430	.3123 ×310 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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city of los angeles speaker card 08-/967

Date (4), 2010	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, Commi	ttee 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				
Name:	52 5 8/0 T		(S) General comments	
Business or Organization Affiliat	Ion: Enaus NU IA	an PUL		
Address:Street	City	State	Zip	
Business phone:	Same of the same and the same of the same	State		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		P	none #:	
Client Address:Street	City	State	Zip	

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CITY OF LOS ANGELES SPEAKER CARD 08-1967

			. •	
Date // 3/ / 0 0 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.	
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 Name: () Against proposal () General comments				
Business or Organization Affiliation:				
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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