| | CITY OF LOS AN | GELES SPEA | KER CARD | 0600-S48 |
|----------------------------------|----------------------------|-----------------------------------|---------------------------|--------------------------------------|
| Date 10-14-09 | | ICIL'S RULES OF . BE ENFORCED. | Council File No., A | genda Item, or Case No. |
| wish to speak before the | Name of City Agency, E | Ansport Andrews | ttee or Council | , |
| Do you wish to provide general | public comment, or to spe- | ak for or against a p | proposal on the agenda? (|) For proposal) Against proposal |
| Name: <u>Prison</u> | CHUAC | | (|) General comments |
| Business or Organization Affilia | ation: | | a para | |
| Address: | | | \$ 1 | X. |
| Street | | Ofty | State | Zip |
| Business phone: | Representing | :/ | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND | , PROVIDE CLIENT | INFORMATION BELOW | |
| Client Name: | < | | Pho | ne #: |
| Client Address: | | | | |
| Street | | City | State | Zip |

| • | CITY OF LOS AN | GELES SPEAKER | CARD | 09-0600-548 |
|----------------------------------|---------------------------|---------------------------------------|--------------|---|
| Date (10 / 14 / の作) | THE CITY COUN | CIL'S RULES OF BE ENFORCED. | Council F | File No., Agenda Item, or Case No. |
| I wish to speak before the | TANAL | | | in Hee |
| | Mame of City Agency, D | epartment, Committee or | Council | |
| Do you wish to provide general | public comment, or to spe | ak for or against a proposa | al on the ag | enda? (√) For proposal |
| Name: | Menton | | | () Against proposal () General comments |
| Business or Organization Affilia | ation: | | | |
| Address: | | | | |
| Street | | City | State | Zip |
| Business phone: | Representing | * | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND | PROVIDE CLIENT INFO | RMATION | BELOW: |
| Client Name: | | | | Phone #: |
| Client Address: | | · · · · · · · · · · · · · · · · · · · | · | |
| Street | | City | State | Zip |

| | CITY OF LO | S ANGELES SPE | AKER CARD | 9-0600-S48 |
|---|--------------------|---|-----------------------|----------------------------------|
| Date 10 14 09 | | COUNCIL'S RULES O M WILL BE ENFORCED | r | le No., Agenda Item, or Case No. |
| I wish to speak before the | | on Committee | | |
| Do you wish to provide general | public comment, or | to speak for or against | a proposal on the age | () Against proposal |
| Name: Ship C Business or Organization Affilia | tion: LA CO | my Blugae | Coalition | (L) General comments |
| Address: (3) Street | St | City | CA | 9 D 14 |
| Business phone: 243 (p2) | • | | | |
| CHECK HERE IF YOU ARE A | | AND PROVIDE CLIE | NT INFORMATION E | Phone #: |
| Client Address: | | City | State | Zip |

| | CITY OF LOS AN | GELES SPEAKI | ER CARD | 09-00 | 600-S48 |
|---------------------------------------|--|-----------------------------------|--------------------------|------------------|---|
| 10/14/09 | | ICIL'S RULES OF . BE ENFORCED. | Council F | File No., Agenda | t Item, or Case No. |
| I wish to speak before the | Tvans per tutio. Name of City Agency, D | n Committee | ्र ८१ e or Council | | |
| Do you wish to provide general Name: | | ak for or against a prop | oosal on the ag | () / | or proposal Against proposal General comments |
| Business or Organization Affiliat | | | | | |
| Address: 3 Street | th St. 687 L | DE Augelos | CA State | 90 | 10 14 min |
| Business phone: 213-44 | 7 - 2493 Representing | : | | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND | PROVIDE CLIENT IN | IFORMATION | BELOW: | • • • |
| Client Name: | | / | | Phone # | |
| Client Address: | | City | State | Z | ip |

| : | CITY O | F LOS ANGELES SPEA | KER CARD | -0600-S48 |
|------------------------|------------------------------------|--|-------------------------|--|
| Date 10/14/00 | l I | HE CITY COUNCIL'S RULES OF ECORUM WILL BE ENFORCED. | Council File No., | Agenda Item, or Case No. |
| I wish to speak before | | ansportation Commi | | |
| Do you wish to provid | de general public comr Dona 144 | ment, or to speak for or against a p | proposal on the agenda? | ? () For proposal () Against proposal () General comments |
| Business or Organiza | ation Affiliation: | LACSC/ | | d2.45 |
| Address: | Street | Spring / LA | | 90014 Zip |
| Business phone: | 2136292142 | Representing: | ACBC | |
| CHECK HERE IF Y | OU ARE A PAID SP | EAKER AND PROVIDE CLIENT | INFORMATION BELO | w: |
| Client Name: | | | P | hone #: |
| Client Address: | Street | City | State | Zip |

| | CITY OF LOS ANGE | LES SPEAKER | CARD | 19-060 | 10-34 |
|----------------------------------|----------------------------------|-----------------------|--------------------------------------|-------------------|--------------------------------------|
| Date | THE CITY COUNCIL'S | S RULES OF | Council File | No., Agenda Item, | or Case No. |
| 10/14/2009 | DECORUM WILL BE | | #6/ | , | |
| I wish to speak before the | TRANSPORTATION (| LOWIMITEE | | | |
| | Name of City Agency, Depart | rtment, Committee or | Council | | |
| Do you wish to provide genera | I public comment, or to speak fo | r or against a propos | al on the agen | () Agains | oposal st proposal al comments |
| Business or Organization Affilia | ation: LCS LNGELES (Co | My Brevere | CODLITION | | |
| Address: <u>V34 5 60</u> | PING LOG | PNKELES | (\bar{\bar{\bar{\bar{\bar{\bar{\bar{ | O(U)III Zip | |
| | Representing: | A 30 | State | Σ.μ | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PRO | / VIDE CLIENT INFO | RMATION BE | LOW: | |
| Client Name: | <u></u> | | - | Phone #: | |
| Client Address: | | | | | : |
| Street | Ci | ty. | State | Zip | · |

CITY OF LOS ANGELES SPEAKER CARD

| 09-0600-54 |) | 09- | 0600 | -54 | 3 |
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| Date | ····· | | |
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| OCT. | 14, | 2009 | |

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

Council File No. Agenda Item, or Case No.

| | US PGR TATION of City Agency, Departm | | | | | |
|--|--|---------|--------------|--|----------|--|
| Do you wish to provide general public co | omment, or to speak for or | · pp | |) For proposa) Against pro) General co | posal | |
| Business or Organization Affiliation: | NA BEACH BYC | | | · | <u> </u> | |
| Address: 2803 DOLLAR Street | ST LAKEL | 123) CA | 95- State | 7/2 | | |
| Business phone: (323) 793-7371 | | | | · · · · · · · · · · · · · · · · · · · | | |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.

CITY OF LOS ANGELES SPEAKER CARD

09-0600-S48

| Date 14 0(70BER 2009 | THE CITY COUNDECORUM WILL | | Council File No | o., Agenda Item, or Case No. | | | |
|--|---|--------------------------|--------------------|---|--|--|--|
| I wish to speak before the | Van Sport At 10 b Name of City Agency, D | epartment, Committee | tec or Council | | | | |
| Do you wish to provide general | public comment, or to spea | ık for or against a prop | osal on the agenda | | | | |
| Name: <u>toe</u> L | inton | <u> </u> | | () Against proposal () General comments | | | |
| Business or Organization Affiliat | ion: Cyclists/ | Inciting Cha | uge thrul | -ive Exchange | | | |
| Address: 1311/2 B | imini. Place | LA | a CA | 90004 | | | |
| Business phone: 213 · 220 · | / | • | Siate | ζιρ | | | |
| 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.

CITY OF LOS ANGELES SPEAKER CARD M-0600-548 Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 10.14 09 DECORUM WILL BE ENFORCED. I wish to speak before the 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? (» For proposal Against proposal Name: MATTHEW R. COLLERAN General comments Business or Organization Affiliation: Address: 629 N. MANSFIELD AV. Street City Business phone: 323-2557302 Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:

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

State

Zip

Citv

Street

| | CITY OF LOS | ANGELES SPE | AKER CARE | · 09-1 | 1600-1 | 842 |
|----------------------------|-----------------------------|----------------------|-------------------|-------------------|---------------------------------------|-------|
| Date 10/14/09 | | OUNCIL'S RULES OF | • | cil File No., Age | nda Item, or Cas | e No. |
| I wish to speak before the | Name of City Agend | cy, Department, Com | mittee or Council | ? | | |
| Do you wish to provide ger | neral public comment, or to | speak for or against | a proposal on the | agenda? (|) For proposal) Against prop | |
| Name: Edel V12 | CARRA | | | (|) General con | |
| Business or Organization A | Affiliation: Cand | District | 14. | | - | |
| Address: | | | | | | į |
| Street Business phone: | Represer | City nting: | St | ate | Zip | |
| CHECK HERE IF YOU A | ARE A PAID SPEAKER A | ND PROVIDE CLIEN | IT INFORMATIO | N BELOW: | and the second | |
| Client Name: | | | : | Phon | e #: | |
| Client Address: | | | | | · · · · · · · · · · · · · · · · · · · | |
| Street | | City | St | ate | Zip | |

| | CITY OF LOS AN | GELES SPE | AKER CARD | U1-U1 | 000-54X |
|--|---------------------------------------|--------------------------------|---------------------------------------|------------------|------------------------------------|
| Date 0/14/09 | | ICIL'S RULES OF BE ENFORCED | • | File No., Agenda | Item, or Case No. |
| I wish to speak before the | Transportation Name of City Agency, D | | nittee or Council | · | |
| Do you wish to provide general p | | ak for or against a | proposal on the ag | | |
| Name: Miller Di | <u>JVall</u> | | - | | gainst proposal eneral comments |
| Business or Organization Affiliation | on: | ** | | | : |
| Address: 2121 Jun | res M. Wood F | 119/#11S | Los Angeles | CA 9 | 0006 |
| Street Business phone: <u>213-382-6</u> | 4. | <i>f</i> . | · · · · · · · · · · · · · · · · · · · | Zı; | |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND | / PROVIDE CLIEN | T INFORMATION | BELOW: | |
| Client Name: | | | · · | Phone #: | |
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| | CITY OF LOS ANGEL | ES SPEAKER | CARD | 09-0 | 1600- | S48 |
|---|---|--------------------|--|------------------|--|---------------------------------------|
| Date 100 1400 | THE CITY COUNCIL'S DECORUM WILL BE I | | Council | File No., Agenda | Item, or Case N | lo. |
| wish to speak before the | Name of City Agency Depart | tmant Committee or | Carrage | | | |
| Do you wish to provide general Name: <u>FVANCS(0</u> | Name of City Agency, Depar | · | Mark Control of the C | () A | or proposal Against propos General commo | |
| Business or Organization Affilia | ation: BUS Richers | > Union | | | | · · · · · · · · · · · · · · · · · · · |
| Address: Street Business phone: 213-38 | 80 WIShire Bluz City 27 800 Representing: 1 | 1 Kizoo_ | (OS A) State | ngelles ; | <u>CA 70</u> ip | <u>010</u> |
| | A PAID SPEAKER AND PROV | /IDE CLIENT INFO | RMATION | BELOW: | | |
| Client Name: | | | | Phone # | • | |
| Client Address:Street | City | · | State | Z | ip | |

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| | CITY OF LOS AN | NGELES SPEA | KER CARD | 09-0600 | -548 |
| Date 10 - 14 - 09 | | NCIL'S RULES OF L BE ENFORCED. | Council | File No., Agenda Item, or (| Case No. |
| I wish to speak before the | TRANS PUR Name of City Agency, | | tee or Council | | |
| Do you wish to provide genera | = WOLFBO | ERG/ | | () Against p () General c | roposal comments |
| Business or Organization Affilia | ation: SANTA MO | ONICA/CAN | YON CIV | nc Assoc | - |
| Address: P.O. Box | 3441 SAW | M WONICA | CA | 10408-34 | 4 |
| Address: P.O. BOX Street Business phone: | 1 <u>48</u> Representing | g. SMCC | State | ZIP | *************************************** |
| CHECK HERE IF YOU ARE | · · · · · · · · · · · / · | | | | |
| Client Name: | | | | Phone #: | |
| Client Address: | · | 0.1 | <u> </u> | 71. | |
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