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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	(01419) TEE	· ·	
Name of	City Agency, Department, Committe	e or Council	
Do you wish to provide general public comm	ment, or to speak for or against a pro	posal on the agenda?	() For proposal () Against proposal () General comments
Name: VY PCV/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	25 1	1. 10 1/6	() General Comments
Business or Organization Affiliation:	05 ANGELES	WHUS	9 (AVSV)
Address:	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SP	EAKER AND PROVIDE CLIENT IN	VFORMATION BELO	w:
Client Name:		P	hone #:
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 2/8/12	· ·	ICIL'S RULES OF BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Tizansportation Name of City Agency, [Committee Department, Committee or	· Council	
Do you wish to provide general p	public comment, or to spe	ak for or against a propos	al on the agenda?	
Name: Alexis Lanta				(➣) Against proposal () General comments
Business or Organization Affiliation: Los Angeles Lounty Breyde Coalition				
Address: 634 S. S. Street	13	•		900 PU
Business phone: 213.424.			State	ZIP
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			PI	none #:
Client Address: Street		City	State	Zip

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Date	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	MITTEE or Council	
Do you wish to provide general p	public comment, or to speak for or against a propo	() For proposal) Against proposal) General comments
Business or Organization Affiliat	ion: NWC		
Address:Street	City	State	Zip
	Representing:		•
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	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.

Date 2-8-12	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 Comm. Name of City Agency, Department, Committee	Hee
Do you wish to provide general Name:	public comment, or to speak for or against a propo	osal on the agenda? () For proposal Against proposal () General comments
Business or Organization Affilia	tion:	
Address: Street	City	State Zip
	Representing:	·
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:

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

City

Client Address:

Street

NOTE: THIS IS A PUBLIC DOCUMENT.

State

Zip

,	CITY OF LOS ANGELES SPE	AKEH CAHD
Date 2812	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	
I wish to speak before the	Name of City Agency, Department, Com	mittee or Council
Do you wish to provide general provide	ublic comment, or to speak for or against a	a proposal on the agenda? () For proposal () Against proposal
Name: # ###	1 JUANSON	() General comments
Business or Organizațion Affiliatio	on: SCRA & SCI	UC
Address:	FARMULLE P	WE STUDIO CITY, CA, 9/6
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT 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.