CITY OF LOS ANGELES SPEAKER CARD 09-2895

Council File No., Agenda Item, or Case No.
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sal on the agenda? () For proposal
() Against proposal () General comments
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State Zip
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Phone #:
State Zip
d to the presiding officer or chairperson.
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CITY OF LOS ANGELES SPEAKER CARD

Date 1-11-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File M	No., 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 pu	iblic comment, or to speak for or against a propo	osal on the agenc	la? (対 For proposal
Name: <u>JED ROCERS</u>			 (^e) Against proposal () General comments
Business or Organization Affiliation	n: BIKINCINCA. COM		
Address: /0956 CASTgonw Street	10 Aug. # 305 L.A. City	C 4 State	900 zy Zip
Business phone: 3/0/475 - 9	3369 Representing: SCLF		
,	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEI	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip
Flease see reverse of Card Ior	r important information and submit this entire ca NOTE: THIS IS A PUBLIC DOCUME		g oncer of chairperson.

CITY	OF LOS ANGELES SPEAKER	R CARD	-
Date 01/11/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item 4 .	, or Case No.
I wish to speak before theP	ic Safety Committee	ee or Council	
Do you wish to provide general public co	omment, or to speak for or against a propo		
Name: Allison Manno	IS		st proposal ral comments
Business or Organization Affiliation:	LACBC		
Address: <u>634 5.5pring</u> Street Business phone: <u>213-629-214</u>	st. #821 LA City	CA 200 State Zip	514
Business phone: 213-629-214	12 Representing: ACBC	, e	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phone #:	
Client Address:		*	
Street	City	State Zip	4
Please see reverse of card for impor	rtant information and submit this entire car	d to the presiding officer or ch	airperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	IT.	

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