CITY	OF	LOS	ANGELES	SPEAKER	CARE
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Date

1-27-10

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

Council File No., Agenda Item, or Case No.

#5 09-2895

I wish to speak before the	THANSPORTATION COMMITTION	TEV	
(Name of City Agency, Department,	Sommittee or Council	
Do you wish to provide general	al public comment, or to speak for or aga	inst a proposal on the age	enda? (x) For proposal 5 () Against proposal () General comments
Business or Organization Affil	iation: LACBC / B/KING IN C	A . CO A1	
	130244 AVE. \$305, L.A. City		Zip
Business phone: 3/0/475	5 - 8369 Representing: 350	606	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION B	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.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

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Date 10-2) -40	THE CITY COUNC		Council File No., Ag	enda Item, or Case No.
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Do you wish to provide general p	oublic comment, or to speak	for or against a propo	osal on the agenda? (
Name: Gleni	Bailen		() Against proposal) General comments
Business or Organization Affiliat	_ /	Advipony	Committee	26
Address:Street		City	State	Zip
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PE	ROVIDE CLIENT INF	FORMATION BELOW:	
Client Name:			Phor	ne #:
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CITY OF LOS ANGELES SPEAKER CARD

Date D 11 10 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	il File No., Agenda Item, or Case No.				
I wish to speak before the OTH COMCLE TRANSPORTATION Name of City Agency, Department, Committee or Council	Com1.				
Do you wish to provide general public comment, or to speak for or against a proposal on the a	agenda? () For proposal				
Name: Poss HIRSCH	() Against proposal () General comments				
Business or Organization Affiliation: AFFELLON & JUNDERBURIZ LL	Y				
Address: 811 WICSTIRS BJ #1025 LA CA	90011				
Street City State Zip Business phone: 713,623,7575 Representing: VCC1575/5ECF					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION	BELOW:				
Client Name:	Phone #:				
Client Address: Street City State	te Zip				

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