

CITY OF LOS ANGELES SPEAKER CARD

04-2895

Date

Jan 27 2009

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

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

Item 22

I wish to speak before the

Council

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

(X) General comments

Name:

David Gatzem

Business or Organization Affiliation:

LACBC

Address:

9620 Sepulveda Blvd #38 North Hills CA

Street

City

State

Zip

91393

Business phone:

(88) 891 0482

Representing:

Self

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.

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# CITY OF LOS ANGELES SPEAKER CARD

Date 1/27

Council File No. Agenda Item, or Case No. 22

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

City Council

I wish to speak before the City Council 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 ( ) General comments  
Name: Lara

Business or Organization Affiliation: Cyclist

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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# CITY OF LOS ANGELES SPEAKER CARD

Date

Council File No., Agenda Item, or Case No. 22

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

*City Council*

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  
( ) Against proposal  
Name: Siku ( ) General comments

Business or Organization Affiliation: Cyclist

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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# CITY OF LOS ANGELES SPEAKER CARD

Date

1/27/10

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

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

22

I wish to speak before the \_\_\_\_\_

City Council

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
- General comments

Name: \_\_\_\_\_

Awisha Smolar'ski

Business or Organization Affiliation: \_\_\_\_\_

LA County Bicycle Coalition

Address: \_\_\_\_\_

684 S. Spring St CA 90014

Street

City

State

Zip

Business phone: \_\_\_\_\_

213-629-2422

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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# CITY OF LOS ANGELES SPEAKER CARD

Date

1-27-10

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

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

22

I wish to speak before the \_\_\_\_\_

City Council

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

( ) General comments

Name: \_\_\_\_\_

Arnon Saks

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Lennox

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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# CITY OF LOS ANGELES SPEAKER CARD

Date

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

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

2022

I wish to speak before the

Transformation

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  
 General comments

Name:

Michael Gardiol

Business or Organization Affiliation:

Citizen

Address:

2800 Phelps

Street

LA

City

CA

State

90032

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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# CITY OF LOS ANGELES SPEAKER CARD

Date

1-27-10

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

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

#22 (09-2895)

I wish to speak before the CITY COUNCIL  
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: TED ROGERS  General comments

Business or Organization Affiliation: BIKING IN L.A. (BIKINGINLA.COM)

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone: \_\_\_\_\_ Representing: SELF

**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

Date 1.27.10

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

I wish to speak before the CA 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 ( ) General comments

Name: MATT DOWD

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:**

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Client Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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