# city of los angeles speaker card 09-2895

Date	THE CITY COUNCIL'S RULES	Council File N	lo., Agenda Item, or Case No.
	DECORUM WILL BE ENFORC	(27),490	
I wish to speak before the Na	me of City Agency, Department, Co		
140	and or only Agency, Department, Oc	MINIMAGE OF COUNCIL	
Do you wish to provide general public	comment, or to speak for or agains	st a proposal on the agend	a? ( ) For proposal
Name: Allison Man			( ) Against proposal ( ) General comments
Business or Organization Affiliation: _	Alasc		
Address: Street		<u>○ ∧</u> State	9644
45	•		Zip
Business phone:	Representing:A	G (	·····
CHECK HERE IF YOU ARE A PA			.ow:
Client Name:			Phone #:
Client Address:	ender Stop været ekster og skap		
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 Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Alex Thompson 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: Business or Organization Affiliation: Address: Street City State Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:

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

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

NOTE: THIS IS A PUBLIC DOCUMENT.

State

	CITY OF LOS ANGELES S	SPEAKER CARD 191-1895
Date 12.9.09	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFOR	
I wish to speak before the	TC	
	Name of City Agency, Department, C	Committee or Council
Do you wish to provide general pu	ublic comment, or to speak for or agai	ainst a proposal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	): // / / / / / / / / / / / / / / / / /	11 1-
Address: Street	e Wester Le	O/PUM State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW:
Client Name:		Phone #:

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

State

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City

Client Address:

Street

09-2895

Date 17-9-09

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

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

I wish to speak before	ore the	Commission		
•		City Agency, Department, Committee	ee or Council	
		nent, or to speak for or against a pro		( ) For proposal ( ) Against proposal ( ) General comments
Business or Organi	zation Affiliation:			
Address:	·			
	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PAID SPI	EAKER AND PROVIDE CLIENT I	NFORMATION BELO	<b>w</b> :
Client Name:			PI	none #:
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09-2895

THE CITY COUNCIL'S RULES  DECORUM WILL BE ENFORCE	1 1 m . I fam for
I wish to speak before the Name of City Agency, Department, C	ommittee or Council
Do you wish to provide general public comment, or to speak for or again	
Name: David Fw (94)	( ) Against proposal (X) General comments
Business or Organization Affiliation:	
Address: 1234 Preglow Way Veni	CA 90291 State Zip
Business phone: 3/0 539 084/8 Representing:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CL	IENT INFORMATION BELOW:
Client Name:	Phone #:

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

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Client Address:

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09-2895

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

12-9-09	DECORUM WILL BE ENFORCED.	ANTI-HARAM	SMENT #5
I wish to speak before the	ame of City Agency, Department, Committee of	or Council	
Do you wish to provide general public	c comment, or to speak for or against a propo	osal on the agenda? (	For proposal Against proposal
Name: TED ROLLINS		(	) General comments
Business or Organization Affiliation	and hardinering and the second		

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Address: 10450 KASTAODAN AND THE 305 1.11 City

Business phone: 3/0/475 - 8369 Representing: \_ < COL

Date

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.

Date 12-9-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1	, Agenda Item, or Case No.		
I wish to speak before the	Trausportation Color of City Agency, Department, Committee or	u wittel			
Name	or City Agency, Department, Committee or	Council			
Do you wish to provide general public co	omment, or to speak for or against a proposa		<ul><li>For proposal</li><li>Against proposal</li><li>General comments</li></ul>		
Business or Organization Affiliation: Murinateld, Rike Writers Collective					
Address: Street	City	State	Zip		
•	Representing:				
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Client Address:					
Street	City	State	Zip		

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Council	File No.,	Agenda	Item,	or	Case	No	•	
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I wish to speak before the		Committee or	Council		
Do you wish to provide go	eneral public comment, or to spe	ak for or against a propos	al on the agenda	?()For propos ()Against pro ()General co	oposal
Business or Organization	Affiliation: 4005	<u> </u>			
Address:Stree	ıt .	City	State	Zip	
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Client Address:Stree	<b>y</b> f.	City	State	Zip	

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09-2895

Date 12/9/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or	Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	nm . H o .	0	
Do you wish to provide gener	al public comment, or to speak for or against a proposa	al on the agenda		
Name: <u>Jam</u>	ven Newton		( ) Against p — ( ) General c	oroposal comments
Business or Organization Affil	liation:			
Address:Street				
Street	City	State	Zip	
Business phone:	Representing:			······
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Street	City	State	Zip	

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09-2895

Date  12-9-09  THE CITY COUNCIL'S RULES COUNCIL RULES CO	The state of the s
I wish to speak before the <u>Transportation</u> Com  Name of City Agency, Department, Con	m) Heenmittee or Council
Do you wish to provide general public comment, or to speak for or against	
Name: Glenn Bailey	(´) Against proposal ( ) General comments
Business or Organization Affiliation:	
Address: PD Box 19172 Encino City	CA 914/616
Business phone: 2/8-4/53-3/407 Representing:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW:
Client Name:	Phone #:
Oller M. A. Hales and	

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

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