	CITY OF LOS ANG	ELES SPEAKER	CARD 10-	0600-S48
Date 12-6-19	THE CITY COUNCI		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of Oity Agency, Dep	artment, Committee or	TIMMAN COUNCIL	amis
Do you wish to provide general	public comment, or to speak	for or against a proposa	al on the agenda	
Name: (hor by	Mims			Against proposal () General comments
Business or Organization Affilia	tion: LAPN	A	·	
Address: 2377	Lurie Avenu	e, Los Ance	Ves CA	90027
Street Street Business phone: 213-479		LARMA S	State State	1721
CHECK HERE IF YOU ARE		OVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

		10-0	600-248
Date 12 - 2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	Aganda	enda Item, or Case No.
I wish to speak before the	Budget & Fina	ance Confe	and the same of th
Name	e of City Agéncy, Department, Com	mittee or Council	
Do you wish to provide general public co	omment, or to speak for or against MAECHLING	a proposal on the agenda?(() For proposal) Against proposal General comments
Business or Organization Affiliation:	MDUB, Dept. o	+ Public W	rks
Address: 1149 S. Broad	dway LiA	CA	90615
Address: 1149 S. Broad Street 213485 36	92 City Representing: Engine	ers, Architects	Zip
CHECK HERE IF YOU ARE A PAID	T.	11 () (1	
Client Name:		Pho	ne #:
Client Address:	Citv	State	Zip

CITY OF LOS ANGELES SPEAKER CARD /5 51 67 51

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

	CITY OF LOS ANGE	LES SPEAKER	CARD	10-0600	-548
Date	THE CITY COUNCIL' DECORUM WILL BE		3 .	File No., Agenda Item,)
wish to speak before the $\underline{\mathcal{B}\ell}$	MEST & FINANCE	COMITIEE)		
	Name of City Agency, Depa				
Do you wish to provide general p		r or against a proposa	ai on the ag	() Agains	t proposal
Name: TERRY KEL					al comments
Business or Organization Affiliati	on: Port at los)	Angelos - E	mojnes	iring NO	<u> </u>
Address: 4-25 5			A	70731	
Business phone 3/10/732-	3629 Representing: _/	hov 8	State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFO	RMATION	BELOW:	
Client Name:				Phone #:	
Client Address:			,		
Street	·	.ty	State	Zip	

CITY	OF LOS ANGELES SPEAKE	R CARD 10-0	600-548	
Date 12-6-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.	
I wish to speak before the LAPD Community BAF Community of City Agency, Department, Committee or Council				
Name: Marcia T. Go		(Against proposal) General comments	
Business or Organization Affiliation:	LAPO City of L.A 6 man Lane Inglewood city	mplay 50		
Address: 3627 W Scrib	man Lane Inglewood	CA	90305	
Street Business phone: 310-738-765	City ソ Z Representing: <u>Com かいれ</u> に	State	Zip	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:		
Client Name:		Phot	ne #:	
Client Address:Street	City	State	Zip	

CITY OF LOS ANGELES SPEAKER CARD 10-0600-548

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

ITTM# 3

I wish to speak before the <u>Bus</u>				
N	ame of City Agency, Departm	ent, Committee or C	ouncil	
Do you wish to provide general publiname: Perer Report	•	r against a proposal	on the agenda	() For proposal () Against proposal (→ General comments
Business or Organization Affiliation:	_			
Address: 1308 W. Street	BTH ST LOS	: ANGELES	CA	
Business phone: 2.3-792-			State	Zip
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVI	DE CLIENT INFOR	MATION BEL	ow:
Client Name:				Phone #:
Client Address:				
Street	City		State	Zip

THE CITY COUNCIL'S RULES OF

DECORUM WILL BE ENFORCED

Date

12-6-10

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 10-0600-548 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 Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal General comments Business or Organization Affiliation: SEW 72 Address: _____ State Business phone: Representing:

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

Phone #:

Zip

State

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

Client Name:

Client Address:

CITY OF LOS ANGELES SPEAKER CARD 10-0600 - 548 Date Council File No. Agenda Item/ or Case No. THE CITY COUNCIL'S RULES OF 2611 DECORUM WILL BE ENFORCED Rondset 7 Finance? Personnel Committee 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) General comments Business or Organization Affiliation: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:

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 10-0600-548

Date 2 6 1 0	l .	INCIL'S RULES OF LL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	B-7 Name of City Agency,	Department, Committee	e or Council
Do you wish to provide general	public comment, or to sp	eak for or against a pro	posal on the agenda? (‰) For proposal
Name:	M MEQU	19 TON	Against proposal (%) General comments
Business or Organization Affilia	tion:		
Address: 671	z yucea	stand to fine the first of the	<u>CAOO28</u> State Zip
Business phone:			
CHECK HERE IF YOU ARE			[]
Client Name:			Phone #:
Client Address:		City	State 7in

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

(CITY OF LOS ANGEL	ES SPEAKER	CARD 10-0	0600-548
Date 12/6/10	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No.,	Agenda Item, or Case No.)
I wish to speak before the	Name of City Agency, Departi	ent Committee or	Lyly	parce
Do you wish to provide general p				For proposal Against proposal General comments
Business or Organization Affiliation	ong Cvaltini	of City	Union	PI-SCMC
Address: 5/4/	Shatte PL	de 01	State	76020 Zip
Business phone: (みろ) ム	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROV	IDE CLIENT INFO	RMATION BELOV	v:
Client Name:			Ph	one #:
Client Address:Street	City		State	Zip

CITY OF LOS ANGELES SPEAKER CARD

			4	Miles and the second second
Date 12/6/10	THE CITY COUNC		2/	, Ágenda Item/or Case No.
,		•		
I wish to speak before the	TF COMM &	PERSONNE	L Conem	
	Name of City Agency, De	epartment, Committee	or Council	
Do you wish to provide general p	oublic comment, or to spea	k for or against a propo	sal on the agenda?	? () For proposal
1	1		· ·	() Against proposal
Name: #\sullet	COH			General comments
Business or Organization Affiliati	on: AFSCME	hard 3090	>	
Address: 514 SHA	2000 PD L	A	State State	900 20
Business phone: 487-988	$\frac{9777}{344}$ Representing:	OFFICAL +	Suffret	SERVICES WITT
CHECK HERE IF YOU ARE			•	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.

CITY OF LOS ANGELES SPEAKER CARD 12 10-0600-548 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF item 3 DECORUM WILL BE ENFORCED. 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 Mike M. Osker General comments Business or Organization Affiliation: UFLAC Address: 1571 Beverly B1. Los Argiles Charles State Business phone: 485 2091 Representing: Fine skitches CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #: Same Client Name:

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

State

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Client Address:

	CITY OF LOS) ANGELES SPEANI	EN CAND	10-06	00-548
Date 12/6/10	THE CITY DECORUM	COUNCIL'S RULES OF I WILL BE ENFORCED.	Council	File No., Agenda	a item, or Case No.
wish to speak before the	BUD6F			TEF	
	Name of City Age	ency, Department, Committee	or Council		
Do you wish to provide general Name: KETH MOC		to speak for or against a pro	oosal on the aç	(V)	For proposal Ágainst proposal General comments
Business or Organization Affilia	tion: MT	D			
Address: 6844 B	ENTRAND	AUE	CA	. 9	11335
Street Business phone: \(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir\firec{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\f{\frac{\frac{\frac{\frac{\frac{\f{	6 - 5859 Repres	enting: <u>MTD</u>	State	·	
CHECK HERE IF YOU ARE	• •		IFORMATION	BELOW:	
Client Name:				Phone #	# :
Client Address:				····	Ng P
Street		City	State	;	Zip

CITY OF LOS ANGELES SPEAKER CARD 10-660 -545 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 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 Business or Organization Affiliation: State CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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

Phone #:

Zip

State

Client Name:

Client Address:

	CITY OF LOS ANGELES S	PEAKER CARD	10-0600-548
Date 12/6/10	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	S OF	File No., Agenda Item, or Case No.
I wish to speak before the	Budget and Finance Name of City Agency, Department,		
Do you wish to provide general Name:	public comment, or to speak for or aga	inst a proposal on the a	genda? () For proposal
Business or Organization Affiliat	ion: City Employee	Steward 51	E14 721
	rez St Sp 275 Los A		
Business phone: 213 473 8	P21 Representing: City	Employees	, , , , , , , , , , , , , , , , , , ,
	A PAID SPEAKER AND PROVIDE C	v -	BELOW:
Client Name:			Phone #:
Client Address:	City	State	2 Zin

	CITY OF LOS ANG	ELES SPEAKER	CARD	0600-548
Date / 2 / 6 / ()	THE CITY COUNC DECORUM WILL E		Council File No.,	Agenda Item, or Case No.
I wish to speak before the		Finance Comm		
	Name of City Agency, De	partment, Committee or	· Council	
Do you wish to provide general Name:	Connor			() Against proposal() General comments
Business or Organization Affiliat	ion: Los Aryeles	Police Dept.	Motor Transpo	- Division
Address: 519 South	Well 5t. 6	os Angeles	CV.	7/40/
Business or Organization Affiliat Address: Street Business phone: (2/3)	487-634 Representing:	City Enploy		Zip
CHECK HERE IF YOU ARE				1 1
Client Name:			PI	none #:
Client Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	State	
Street		Oity	ગાંલાઇ	Zip

	CITY OF LOS ANGELES SPEAKER	CARD 10-0600-548
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
12-6-10	DECORUM WILL BE ENFORCED.	I tem so
I wish to speak before the	Name of City Agency, Department, Committee or	e comittee Item 86
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda? () For proposal () Against proposal
Name: Reynaldo	Brigil	() General comments
<i>I</i> Business or Organization Affiliat	ion: L.A.P.D motor trans	port Sivision
Address: 211 Street	1st St. Los Angeles	CA 90033
Business phone (323) 224-		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
00000	Only	Como mp

CITY OF LOS ANGELES SPEAKER CARD 10-0600 -548

Date /2-4-2010	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	=SOF 7	lo., 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 public comment, or to speak for or against a proposal on the agenda? () For proposal				
Name: Louis S	CHILLING		() Against proposal () General comments	
Business or Organization Affiliation: LAPO - MOTON TRANSGONT				
Address:				
Street Business phone 310-575	City Representing: LAP	State State State	pug EBS	
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.

C	ITY OF LOS ANGELES SPEAK	ER CARD 10-0600-548		
Date 12 06 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Sudget & Finance L.	ommitee		
Name of City Agency, Department, Committee or Council				
Do you wish to provide general pu	iblic comment, or to speak for or against a pro	posal on the agenda? () For proposal () Against proposal () General comments		
Business or Organization Affiliation	n: LA, RD Motor Tran	sport DIVISION		
Address: 260 S. Ma	in Los Angeles, C	ia. 900/2		
Street	City	State Zip		
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		

State

Zip

City

Client Address:

Street

	CITY OF LOS ANGELES SPEAK	ER CARD 10-0600-548
Date 12-6-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Budgat & Finance Ce	onni Hac
	Name of City Agency, Department, Committee	ee or Council
	public comment, or to speak for or against a pro	oposal on the agenda? () For proposal () Against proposal
Name: FRANCO	J JORREZ	() General comments
Business or Organization Affiliat	tion: LAPD- Hotor to	Ansport Div
	WILSHIRG DIVISIO	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		

State

Zip

City

Street

CITY OF LOS ANGELES SPEAKER CARD 10-0600-548 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 BUDGET Y FINANCE COMMITTEE 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 Business or Organization Affiliation: ___ L H F Address: 3400 S. CENTRAL AUG LOS ANCECES Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

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

Phone #:

State

Client Name:

Client Address: _____