<u> </u>		f=				
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case	No.			
9/22/10	DECORUM WILL BE ENFORCED.					
I wish to speak before the	City Councle Name of City Agency, Department, Committee					
	Name of City Agency, Department, Committee	e or Council				
Do you wish to provide general p	oublic comment, or to speak for or against a pro	oposal on the agenda? () For proposal				
Name: #LTAYE	As Pens	() General comm	ents			
Business or Organization Affiliation	on: Yellow cah					
Address:Street	City	Carlo				
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	Ĉity	State Zip				

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

Date 0 9 / 22 / 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	Name of City Agency, Department, Committee	ee or Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a pr	oposal on the agenda?	
Name: Moges Wo	andem febr		(X) Against proposal () General comments
Business or Organization Affiliation	on: Yellow Cab Su	wirel Open	
Address:Street	245	State	Zip
Business phone: 3/0-728-	5/97 Representing:		-
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOV	v:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip
Jueet	Oity	Otato	~)

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

1		
Date GRANO	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theName	1 COONCILS TC	Council
	er enj rigeriej, i spanimini, eenminise er	
Do you wish to provide general public co	mment, or to speak for or against a proposa	
Name: 116610 M	GEBROYESM	Against proposal () General comments
Business or Organization Affiliation: 4/	rited Independent	AX
Address: 1598 H. pom	+ AThos Angeles	CA 90035
Business phone: 93 653 5252	Representing: WSelf Uit	Dos chy les
	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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

Date 5/22/16	THE CITY COUNCIL'S RULI DECORUM WILL BE ENFO	=S OF =	ile No., Agenda Item, or Case No.
I wish to speak before the	RANS PORTATION Name of City Agency, Department,	Committee or Council	
	oublic comment, or to speak for or ago TRESIDE	ainst a proposal on the ag	enda? () For proposal Against proposal () General comments
Business or Organization Affiliat	' . //	لسار	
Address: 826 M Street 286 Business phone: 213 488). Washing lon City	S+ CA	900 M
Business phone: 213 48	7-7703 Representing: SEI	U USWW	PRESIDENT
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION I	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.

Date	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	-	Council File No.	, Agenda Item, or Case No.	
I wish to speak before the					
	Name of City Agendy, Department,	Committee of Co	ouncil		
Do you wish to provide general	public comment, or to speak for or ag	ainst a proposal c	on the agenda		
Name: Adrian Ma	ctivet			Against proposal () General comments	
	tion: Natural Ryources	Definse	Courseil		
Address:					
Street	City		State	Zip	
Business phone: $310/934$	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			F	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 9/22/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or (Case No.
I wish to speak before theN	Lame of City Agency, Department, Committee	e or Council	Mati	ON CE
Do you wish to provide general publ	lic comment, or to speak for or against a pro	posal on the agenda?		
			(Against p	
Name: STAA	yPhu G.SC	1055/D	() General c	omments
Business or Organization Affiliation:	LATWA			
Address:				
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELO	w:	
Client Name:		Р	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.

	•		
Date 9-22-(0	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, Comm	Committee or Council	
Do you wish to provide general	public comment, or to speak for or against a		() For proposal
Name:	tamin KHAN		(A) Against proposal (B) General comments
Business or Organization Affiliat	tion: LATWY		
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	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.

Date 0/12/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	caus fortalion		Jarre .
Nan	ne of City Agency, Department, Committee or	Council 🔨 .	V
Do you wish to provide general public	comment, or to speak for or against a proposa	I on the ager	
Name: C. AKIL;			(X) Against proposal () General comments
Business or Organization Affiliation:	MARCP		
Address: UTTLW,	15hire Bl #388		
Business phone: 4/0 336 41	P92 Representing: ALA A C D	State	Zip
	SPEAKER AND PROVIDE CLIENT INFOF	RMATION BEL	LOW:
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 9/22/10	THE CITY COUNCIL DECORUM WILL BE		Council File No.	, Agenda Item, or Case No.
I wish to speak before theN	Tran Stame of City Agency, Depart	rtment, Committee or C	Council	
Do you wish to provide general publ				? () For proposal
Name: SUN	loung 1	lang er & Union		() Against proposal () General comments
Business or Organization Affiliation:	Bus Rid	er & Union		
Address:Street		ity	State	Zip
Business phone:		···		•
CHECK HERE IF YOU ARE A PA	, , , , , , , , , , , , , , , , , , , ,			
Client Name:			F	Phone #:
Client Address: Street	C	ity	State	Zip

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

Date	THE CITY COUNCIL	S BIJI ES OF	Council File No.	, Agenda Item, or Case No.
Sept. 22,2010	DECORUM WILL BE		7	
I wish to speak before the	ausportation Commi	ttee	Name : 1	
	Name of City Agency, Depa	rtment, Committee or C	Jouncii	
Do you wish to provide general p	oublic comment, or to speak fo	or or against a proposal	on the agenda	
Name: Stephanie Tayl	or			(X) Against proposal () General comments
Business or Organization Affiliati	ion: Green LA Coglif	ión		
Address: 1000 N. ala	meda street \$240	Los Amades	<u>ÇA</u>	90012
Address: 1000 N. Q.la. Street Business phone: WW3 2/3	346 3284 Representing:	nty	State	Zip
CHECK HERE IF YOU ARE A			MATION BELC	w:
Client Name:			F	Phone #:
Client Address:			-	
Street	С	ity	State	Zip

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

Date	THE CITY COUNCIL'S RI DECORUM WILL BE ENI	ULES OF	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department	~ Committee or Committee	Lee	
Do you wish to provide general p	public comment, or to speak for or		the agenda?	()For proposal ∜∕ Against proposal
Name:	erena Lip			() General comments
Business or Organization Affiliat	ion: <u>Public Cou</u>	i ysel		
Address: 610 S	Ardnove Ayer	me LA	CA	90008'
Street Business phone: <u>243/385-2</u>	Ardmore Aydro 2977 Representing:	Public	State	Zip B
	PAID SPEAKER AND PROVID			
Client Name:			Ph	one #:
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 G ZZ ID	THE CITY COUNCIL DECORUM WILL BE	Ĭ	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depa	rtment, Committee or C	Council	
Do you wish to provide general p				
Name: Betty	Hung			Against proposal General comments
Name: Betty Business or Organization Affiliat	ion: JCLC/L	ATUA		-
Address: 519	E.ThSI, L	A		
Street	C	ty	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT INFOR	MATION BELC	ow:
Client Name:	***************************************	***************************************	F	Phone #:
Client Address:				
Street	С	ty	State	Zip

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

Date 9 / 22 / 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	ANSPORTATION COM M Name of City Agency, Department, Committee		
	tamo or only rigoroy, coparimon, committee		
Do you wish to provide general or	ublic comment, or to speak for or against a pro	oposal on the agenda? () For proposal
So you than to provide general pe	i)	X Against proposal
Name: ABRALSS	- 1115	Ţ,) General comments
	9 2 1 2 1 2	A	,
Business or Organization Affiliatio	n: COALITION FOR GS	AN ATR	
_			
Address: 3			
Street	City	State	Zip
Business phone:	Representing:		
1			<u></u>
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW	:
			L
Client Name:		Pho	ne #:
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 9/22/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the \(\square\) Nan	ne of City Agency, Department, Committee	or Council	
Do you wish to provide general public	comment, or to speak for or against a propo	sal on the agenda	
Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	uta		() Against proposal / () General comments
Business or Organization Affiliation:	CLEAN Can Wash	Camparian	
	_	"	
Address: 2845 Street Business phone: 512-328-535	City Representing:	State	Zip
	O SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	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.

Date 9 - 22+6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.	
I wish to speak before the	TVAUS POTATION COMMITTEE OF	Council	; 	
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agend	a? () For proposal	
Business or Organization Affiliation: LATUR -				
Address:Street	City	State	Zip	
	Representing:	Giaic	Ζίμ	
•	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:	
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.

THE OITY COUNCILS BUILD OF

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

Date

9-22-10	DECORUM WILL BE EN		本	
I wish to speak before the	Transportat	rion Con	nnittee	
N	ame of City Agency, Departm	ent, Committee or	Council	
Do you wish to provide general publi	• • • • • • • • • • • • • • • • • • • •	r against a proposa	I on the agenda?	
Name: Malcolm	Carson			() Against proposal () General comments
Business or Organization Affiliation:	Bd. of Trans	portation (gmmissio	ners
Address: 5209 Village	Green Los An	geles	CA O	10016
Street O Business phone: (﴿ 14) 246-12	City Representing:	6	State	Zip
CHECK HERE IF YOU ARE A PA		•	RMATION BELO	w:
Client Name:			P	none #:
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.

9/22/10	THE CITY COUNCI DECORUM WILL B	1	10-60	196 196	i, of Case No.
I wish to speak before the					
	Name of City Agency, Dep	artment, Committee or C	Council		
Do you wish to provide general p	oublic comment, or to speak	for or against a proposal	on the agend	灰 Agai	roposal nst proposal eral comments
		1	^ I		
Business or Organization Affiliat	ion: <u>Los Hugeles Cou</u>	nty Brayde Coa	<u> Lition</u>		
Address: 684 5.	Sporing St L	A	<u>CA</u> State	90014 Zip	
Business phone: 213.629.	2142 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		······		Phone #:	
Client Address:					
Street		City	State	Zip	

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

Date 9/22 -2010	THE CITY COUNCIL'S RULES O)r -7	Agenda Item, or Case No.
I wish to speak before the	PANSportation Con Name of City Agency, Department, Con	nmittee or Council	
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agenda?	() For proposal
Name: ANDRE	1 Prinustro		Against proposalGeneral comments
Business or Organization Affilia	tion: UITD		
Address: 900 N.	Aluorado et, Cos	Angeles O	90026
Street	City	√ State	\ Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELO	v:
Client Name:		Pt	ione #:
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 9-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	e of City Agency, Department, Committee or	n Com	mittee
	comment, or to speak for or against a proposa		
	Vava d a St. L.A. SOSO Representing:	CA . State	90026 Zip
	SPEAKER AND PROVIDE CLIENT INFO		
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 9-22-10	1	COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the		ATEL		
Do you wish to provide general p		ency, Department, Committee		? () For proposal
Name: M. AL	EMU			(X) Against proposal () General comments
Business or Organization Affiliati	ion: <u>U.U.</u>	T.D.		
Address: GOD N. AL	VARADO	A. A.	State	90026
Business phone: $(323)653$	- SOSO Repres	enting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT IN	FORMATION BELO	W:
Client Name:			Р	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 SPEAKE	R CARD	
Date 9-22-2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
wish to speak before the		ittee	
Do you wish to provide general p	Name of City Agency, Department, Committee		? X For proposal
Name: <u>HETTA</u> Business or Organization Affiliati			() Against proposal () General comments
	VIRGIL LA	CA State	90029 Zip
Business phone: 323-666		- Cuto	. ·
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BEL	ow:
Client Name:			Phone #:
Client Address:	City	State	Zin

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

	•				
Date 9/22/10	THE CITY COUNC		Council File No	., Agenda Item, or Case	No.
I wish to speak before the $_$	Name of City Agency, De	Hee of Mu partment, Committee o	Gity Cou or Council	unci'l	
Do you wish to provide general	public comment, or to speak	for or against a propo	sal on the agenda	? (XT) For proposal	
Name: Mucha	el Alin			() Against propos () General comm	
Pussinges or Organization Affiliat	3000 GA	6 Co.			
Address: 13030	Cerise Ave	, How tho,	eae a	90250	
Address: 13030 Street 310/67	76/500 Representing:	Citý	State	Zip	
CHECK HERE IF YOU ARE					
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 7-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee		
Do you wish to provide general	public comment, or to speak for or against a pro	posal on the agenda?	
	as New bield.		() Against proposal () General comments
Business or Organization Affiliat	jon: Ferlery Hills a	AR	
Address: <u>4102- V</u>	Unice - OA	0000	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Ph	one #:
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.

			r /
Date (122) 10	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	ES OF	lo., Agenda Item, or Case No.
wish to speak before the	Transp-Con		
	Name of City Agency, Department	Committee or Council	
Do you wish to provide general	public comment, or to speak for or ag	ainst a proposal on the agend	
Vame: (TESPECE	Torrette		() Against proposal () General comments
Business or Organization Affiliat	ion: RAL CA	B CT	
Address: 1505	O COURSE AU	E CS	
Street ν	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	Citv	State	Zíp
Ou 050	Oity	Sidio	for the

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

Date (-27-10)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Nam	ne of City Agency, Department, Committee	
Do you wish to provide general public of Name:	comment, or to speak for or against a prop	oosal on the agenda? () For proposal () Against proposal ()) General comments
Business or Organization Affiliation:	severy Hills	CAB
Address: LOLD Street	nie Bra Bras	State Zip
Business phone:	Representing:	y-
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	FORMATION 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.

Date 9-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	
Name: MONam	public comment, or to speak for or against a prop	oosal on the agenda? () For proposal () Against proposal (L) General comments
Business or Organization Affiliat Address: 100 Street	ion: Teverty Hills	A ADOM State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION 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.

CITY	OF LOS ANGELES SPEAKE	:R CARD
Date 0 12/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item of Case No.
I wish to speak before the	Sportation Counties	Miz
Name	of City Agency, Department, Committee	or Council /
	omment, or to speak for or against a prop	oosal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation:	notitute to Ju	13tile
Address: 90(N (e(by ld Ar (instern	VA 22703
Business phone: 763 682 974	Representing: \(\frac{\text{City}}{\text{r}} \frac{\text{L}}{\text{L}} \frac{\text{L}}{\text{L}	VState Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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

Date 9/22/10	THE CITY COUNCIL'S RU DECORUM WILL BE ENF	ILES OF AT	No., Agenda Item or Case No.
I wish to speak before the	Name of City Agency, Departmen		
	public comment, or to speak for or a	against a proposal on the age	nda? () For proposal () Against proposal
Name: LEON S			() General comments
Business or Organization Affiliat	ion: INDEPENDENT TA	xi Apparterfiens	
Address: 700 N	· Virgil Au, CA	CA	
Business phone: 329 66	City Character Course C	State	Zip
	A PAID SPEAKER AND PROVIDE		ELOW:
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.

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

Date

9/22/10	DECORUM WIL			#7	·
I wish to speak before the	TRANS POR でんているの Name of City Agency,	C O m m Departme	nt771 🗸 ent, Committee or C	Council	
Do you wish to provide general	public comment, or to spe	eak for or	against a proposal	on the agend	
Name: AYDIN	KAVAK				() Against proposal _ (x) General comments
Business or Organization Affilia	ution:2				
Address: 2124 Street	w. RUSTCRANE	Ave,	GARDONA	CA,	90249
					Zip
Business phone:	Representing	g:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVID	E CLIENT INFOR	MATION BEL	.ow:
Client Name:				····	Phone #:
Client Address:			***************************************		
Street		City		State	Zip

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Date 09.22.10	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	UF	., Agenda Item, or Case No.
I wish to speak before the	R. Committee		
	Name of City Agency, Department, Co	ommittee or Council	
	public comment, or to speak for or again	st a proposal on the agenda	
Name: Martin	Manutyan		() Against proposal (%) General comments
Business or Organization Affiliat	ion: Vallage TCS	zb.,	•
Address: 2129 W.	Rosectors Av.	Spalfeng CA.	80249
Business phone: 3/0 7/5	Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CL	IENT INFORMATION BELC	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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9-21-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee o	Council
•	public comment, or to speak for or against a propos	
Name: Rusiness or Organization Affiliat	ion: REPRESONTATIVE YELLOWCAB	(X) General comments
	OVERVAND L.A. S. & YYY Representing:	CA. 9006 [/ State Zip
	S 999 Representing:	PRMATION BELOW:
Client Name: YELG		Phone #:
Client Address: 272	City City	State Zip

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

9-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the TRAL	25/10/17/10/1 Confidence of City Agency, Department, Committee	or Council
Do you wish to provide general public Name: Robert CA	comment, or to speak for or against a prop	
Business or Organization Affiliation:	UNITED CHECKE	1 CAB
Address: 2129 W Ros2	ECRANI GARDENA	- 04
Street	18 Representing: U.C.C	State Zip
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT IN	FORMATION 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.

Date	THE CITY COUNCIL'S R DECORUM WILL BE EN	1	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	nawspcハフォブウュノ Name of City Agency, Departm	Com		
	Name of City Agency, Departm	ent, Committee or C	ouncil	
Do you wish to provide general p	public comment, or to speak for or	against a proposal	_	() For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: <u>U.C.C</u> ,			
Address:			•	
Street Business phone: $4(2 \lor -2)$	2(5= \$12 C City Representing:	SELF	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	E CLIENT INFORM	MATION BELO	W:
Client Name:			PI	none #:
Client Address:	Cit.		State	7io
Ollegi	City		State	Zip

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

9/22/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	Ne., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Commit	ttee or Council	
Do you wish to provide general j	public comment, or to speak for or against a p	oroposal on the ager	
Name: Manue//	10RInella		() Against proposal () General comments
Business or Organization Affiliati	1151001	4	
Address: 209 RSCQ	ians Gar	G/	90510
Susiness phone: 3(0)	LAIV		Zip
	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE	ELOW:
Olient 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.

Pate 12/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	enda Item, or Case No.
	,		
I wish to speak before the	ousp-Committee		
Nam	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public o	comment, or to speak for or against a proposa	al on the agenda?(() For proposal) Against proposal) General comments
Business or Organization Affiliation:		1 11	
Address: 7455 SAN	Fernando Kd Su	N Valley	•
Business phone:	Representing: City Cl	$\frac{1}{2}$ State $\frac{1}{2}$	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:		Phor	ne #:
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.

		-	
I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. WHICH WILL BE ENFORCED.	2	Agenda Item, or Case No.
Name	e of City Agency, Department, Committee or	Council	
Do you wish to provide general public or Name: Business or Organization Affiliation:	ornment, or to speak for or against a proposa	al on the agenda?	() For proposal () Against proposal () General comments
Address: 7955 SAV	Ferhando Pd-		
Business phone: \$1\$87340	Hepresenting: City City Co	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	/ :
Client Name:		Ph	one #:
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 22/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the \overline{IZO}/L	Sp. Committee	
Nan	ne ਰਿ City Agency, Department, Committee or	Council
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agenda? () For proposal
Name: MONTIN Show	takhyaN	() Against proposal () General comments
Business or Organization Affiliation:	City CaB-,	
Address: <u>7955 SQ/</u>	V Fehnando Rd. 2	sun (/a/lez
Business phone 1825/4	70 Representing: City	State Zip
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	PRMATION 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.

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Nan	DO DO MILLO ne of City Agency, Department, Committee or	Council
	ind or only regards, mapairmon, assuming to the	
Do you wishito provide general public	comment, or to speak for or against a propose	al on the agenda? () For proposal
Ny		() Against proposal
Name: France Nazarian		(,) General comments
Business or Organization Affiliation:	H1922003	· · · · · · · · · · · · · · · · · · ·
Address: 2129 W. Rusco	crans the Cardena	OA 90249
Business phone: $310 75 519$	168 Representing: Yellan Can	State Zíp
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	RMATION 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.

09.22.10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	FIROZ ALAM Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general	public comment, or to speak for or against a propo-	sal on the ager	
Name: FIROZ A	cam		() Against proposal (General comments
Business or Organization Affiliat	ion;		
Address: 2129-W R	DSECRANSE GARDENA	CA	90297 Zip
	Gity Representing: UCC	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BI	ELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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

Date 9-11-13	THE CITY COUNCIL'S RU	i	Council File No., Age	enda Item, or Case No.
	wsportal		ONN	ittee.
Nan	ne of City Agency, Departme	ent, Committee or Co	ouncil	
Do you wish to provide general public	comment, or to speak for or	against a proposal o	on the agenda?(() For proposal) Against proposal General comments
Business or Organization Affiliation:	united.	heck.	e- C	765
Address: 14030 Lenge	of i ave	# ZZ H	tauthorn	e CA
Street Business phone:	City Representing:	A.C.C.	State SEC	Zip
CHECK HERE IF YOU ARE A PAIL			NATION BELOW:	
Client Name:			Phor	ne #:
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 9-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case N
I wish to speak before the	Damies Awiusus Name of City Agency, Department, Committee	or Council
Do you wish to provide general pub Name:	olic comment, or to speak for or against a prop	osal on the agenda? () For proposal () Against proposa () General comme
Rusiness or Organization Affiliation	111-9	CAON C
Address: 900 V. A	Hurrado, L.A. CA	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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

Date 9/122/10		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the		오 cy, Department, Committe	e or Council	
Do you wish to provide general p	public comment, or to	speak for or against a pro	posal on the agenda'	? () For proposal
Name: Daviel Demissie				Against proposal () General comments
Business or Organization Affiliat	ion: <u>1117D</u>			
Address: Street	te alor	2.14	CL	90026
Street Business phone:		•	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT II	NFORMATION BELO	w:
Client Name:			P	hone #:
Client Address				

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

State

Zip

City

Street

Date 4/22/10		INCIL'S RULES OI .L BE ENFORCED	-	ncil File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,	Department, Com	mittee or Council		. ;
Do you wish to provide general posterior Name: 3900 State of Digital Research State of State) ೪ ८	eak for or against :	a proposal on the	e agend	a? () For proposal (X) Against proposal () General comments
Address: 4165 Us Street			CAS	State	10043 Zip
Business phone: 2	Representir	ıg:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIEN	NT INFORMATIO	N BEL	.ow:
Client Name:					Phone #:
Client Address:Street		City	S	State	Zip

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

Date Tarlo	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	CAY Councle Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: ALTAYE	ASFAW	() Against proposal) General comments
Business or Organization Affiliatio	n:		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phor	ne #:
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 9-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
ĺ\	COMMUITER Jame of City Agency, Department, Committee		
Do you wish to provide general pub	lic comment, or to speak for or against a pro	oposal on the agenda? (For proposal
Name: GRAAG	en ASFAW		Against proposal) General comments
Business or Organization Affiliation:	UFTO		
Address: 9001	Aluera do 57	State	900 PS
Business phone: 2/3 485	7667Representing:	Giale	
•	AID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW	:
Client Name:	,	Pho	one #:
Client Address:			
Street	City	State	Zip

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Date 9/22/10	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	Traws Portation (Name of City Agency, Department, Commi	Committee or Council	
Do you wish to provide general pu	blic comment, or to speak for or against a p	proposal on the agenda? (
Name: Jarael	Tadesse	(Against proposal) General comments
Business or Organization Affiliation	n:		***************************************
Address: 270/	ewel Carper 81- S	u ble Ca	9/387
Business phone: 322 -839	Representing:		
•	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:	City	State	Zip
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 9/22/10	THE CITY COUNCIL' DECORUM WILL BE		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depa	rtment, Committee or	Council	
Do you wish to provide general	public comment, or to speak fo	r or against a propos	al on the agenda	
Name: VARTAY A	PAKELIAN			Against proposal General comments
Business or Organization Affiliat	ion: NELLOW CAR	(c) -		
Business or Organization Affiliat Address: 26 Street Business phone: 2/8-4/5	ECRANCE AVE	GARDEAPA		Zip
Business phone: \$18-445	ーチ3ナソ Representing:	YEUOW O	4BCO.	Zip
CHECK HERE IF YOU ARE				
Client Name:	*****			Phone #:
Client Address:				
Street	Ci	ty	State	Zip

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

Date 09.22, 2010 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	>(7)
I wish to speak before the TRANSPONTOITION 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 pro	
Name: GENNADY MIRMILSHTEYN (V) Agains (V) Agains	it proposal al comments
Business or Organization Affiliation:	
Address: 8115 W. NORTON AV LJEST Mollywood CA 90 Street City State Zip	046
Business phone: (323) 842-4 Representing:	
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.

Date 9-22. 10	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No	., Agenda Item, or Case No.
I wish to speak before the	COMMITTEE Name of City Agency, Departr		uncil	
ا Do you wish to provide general	oublic comment, or to speak for a	or against a proposal o	n the agenda	
Name: FASIL ME	RSHA			(A) Against proposal () General comments
Business or Organization Affiliat	ion: U.T. T-D			
		n CAL	900	26
Street Business phone 33/653	TIVARADO City -5050 Representing:		State	Zip
·	A PAID SPEAKER AND PROV		ATION BELO	ow:
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 09/22/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NCIL'S RULES OF L BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, I	Department, Committee		
Do you wish to provide general pul			oposal on the agenda	? () For proposal
Name: F	ERNAMOO R	AMIROZ		() General comments
Business or Organization Affiliation	: FERWANDS	Engine		
Address: LATW				
Street Business phone:			State	Zip
CHECK HERE IF YOU ARE A I	,			
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 9-22-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council
Do you wish to provide genera	al public comment, or to speak for or against a pro	
Name: 5050 W	s Ovellana	() Against proposal () General comments
Business or Organization Affili	ation:	
Address:		
Address: 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:Street		
Street	City	State Zip

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

Date 39/22/10		CIL'S RULES OF BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	T Committee Name of City Agency, D	epartment, Committe	ee or Council	
Do you wish to provide general	public comment, or to spea	ak for or against a pro	oposal on the agenda?	
Name: <u>Danie!</u> A	LE HES A			(X) Against proposal() General comments
Business or Organization Affilia	tion:			
Address:Street		City	State	Zip
Business phone:				•
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT I	NFORMATION BELO	w:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip
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Date		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the		portation con		S
	Name of City Agen	cy, Department, Committee	or Council	
Do you wish to provide general		speak for or against a prop	oosal on the agenda	Against proposal
Name: Ken Ma	renes by			() General comments
Business or Organization Affiliat	ion: Private	Citizen		·
Business or Organization Affiliat Address: 528 /2 Street	N soto	Las braveles	A	90033
Street		City	State	Zip
Business phone:	Represer	ntina:		
CHECK HERE IF YOU ARE		_		ow:
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 9 22 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	Name of City Agency, Department, Committee	or Council
1/// ///	iblic comment, or to speak for or against a propo	
Business or Organization Affiliation	n:	
Address:		
Street Business phone:	Representing:	State Zip Jriver Jriver
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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.

Date 4 / 2 9 / 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	llie some i
I wish to speak before the	DANS POZTATION (Name of City Agency, Department, Comm	OWN THE
Do you wish to provide general pu	blic comment, or to speak for or against a	a proposal on the agenda? () For proposal
Name: DVDV	JIMENEZ	(义) Against proposal () General comments
l Business or Organization Affiliation	n: POWER	· · · · · · · · · · · · · · · · · · ·
Address: \\\\9\\9\\\2\\ Street	AUUN STHSS9	Colver City Ca, 90230
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT 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.

Date (12/10)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.		
I wish to speak before the	e of City Agency, Department, Committee or	11ec Council			
Do you wish to provide general public c	omment, or to speak for or against a proposa	al on the agenda			
Name: Mario Cervo	autes		() Against proposal () General comments		
Business or Organization Affiliation:	20W CY				
Address: 4872 /2 Maxio	4 w 00 & DY #274	C)2 State	90230 Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		F	Phone #:		
Client Address:	City	State	Zip		
Olloot	Only.	Olalo			

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

Date 429/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		, Agenda Item, or Case No.
I wish to speak before the	Trounsportation Committee Name of City Agency, Department, Comm	hoe nittee or Council	
Do you wish to provide general	public comment, or to speak for or against a	proposal on the agenda	
Name: York de MAG	Aaron		Against proposal General comments
Business or Organization Affiliat	ion: MCTF		
Address: 826 W	Whihuffor Bhe LA	<u>A</u> State	900/5
Business phone: 313-39.	284-7736 Representing:	State	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELO	ow:
Client Name:		F	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 9/22/2010	THE CITY COUNC DECORUM WILL E		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Transportation Name of City Agency, De	Committee or partment, Committee or	Council	•
Do you wish to provide general	public comment, or to speak	for or against a proposa	al on the agenda?	
Name: <u>Carrick</u> R	.J. 2			(★) Against proposal() General comments
Business or Organization Affiliat	ion: LOS Angeles Ce	ounty School	of Norsi	ng
Address: 4478 w.	Rose Hill Dr	L. A.	State	90032
Business phone:		•	Gidle	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PI	ROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:			P	hone #:
Client Address:		O.L.	Chala	7
Street		City	State	Zip

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

Date 9-72-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
i wish to speak before the	Tans Comm' He Committee of City Agency, Department, Committee of	
Do you wish to p rovide general pub Name:	olic comment, or to speak for or against a propo	sal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation	1200 Vellow C	aB adena 90249
Business phone:	City Representing:	State Zip
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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THE CITY COUNCIL'S BUILES OF

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

Date

0922,2010	DECORUM WI	LL BE ENFORCED.	110	m /
I wish to speak before the	Name of City Agency	<u>COUNSE</u> , Department, Commit	tee or Council	
Do you wish to provide general p	_ ·			
Name: Mi chuel	GEKHIM	AN		Against proposal General comments
Business or Organization Affiliati	ion:			NNA 1888 Antolooki dhabababaa aa aa aa aa ah aa ah aa aa aa ah aa aa
Address: 700 W	Virgil w	LA City	CsA State	Zip
Business phone: 323-666				
CHECK HERE IF YOU ARE A	A PAID SPEAKER AN	D PROVIDE CLIENT	INFORMATION BELOV	v:
Client Name:			Ph	one #:
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.

Date 9/22/16	THE CITY COUNCIL'S I		Council File No.,	Agenda Item, or Case No.
I wish to speak before the TVaN	Sportation (or Name of City Agency, Departm	VhVnittee nent, Committee or C	Council	
Do you wish to provide general pub	lic comment, or to speak for o	r against a proposal	on the agenda?	
Name: Andrew ClayCo	amb			Against proposal General comments
Business or Organization Affiliation				
Address: 828 W. Washing Street	ton 181vd. #11 1	A	CA	90065
Business phone: (213)284-38	City Representing:		State	Zho
CHECK HERE IF YOU ARE A P	***		MATION BELO	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.

9/22/10		OUNCIL'S RULES OF VILL BE ENFORCED	•	0., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency	y, Department, Comr	nittee or Council	
Do you wish to provide general (public comment, or to s	speak for or against a	proposal on the agenda	
Name: Chlor (Domer			Against proposal() General comments
Business or Organization Affiliat	ion: <u>CLEAN</u>	Carwash	Campaigh	
Business or Organization Affiliat Address: 4274 Street	Mehose	Au Los	Angiles C	A 90029
Business phone: 323 20				-
CHECK HERE IF YOU ARE A	A PAID SPEAKER AN	ID PROVIDE CLIEN	T INFORMATION BEL	ow:
Client Name:				Phone #:
Client Address: Street		City	State	Zip
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

9/22/10	THE CITY COUN DECORUM WILL	CIL'S RULES OF BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, D	epartment, Committee	or Council	(
Do you wish to provide general p	oublic comment, or to spea	ak for or against a prop	osal on the agenda	
Name: SAM				() Against proposal () General comments
Business or Organization Affiliation:				
Address: 22201 \ Street	JOHO MEN	CPIL C	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

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

Date 09/22/2010	THE CITY COUNCIL'S RU DECORUM WILL BE ENF	LES OF	il File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Departmen	on Committee or Council	tee	
	oublic comment, or to speak for or a			
Business or Organization Affiliation: Exity lest lent				
Address: 4401 Street	BERKShiRe Ave City	L. A. C4 Stat	90032 te Zip	
Business phone:	Representing:	ity Resident		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:				
Street	City	State	te Zip	

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

Date 9/22/10	THE CITY COUNCE		Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Transfer fath on Co Name of City Agency, Dep	ouncifec_ partment, Committee or C	Douncil	
Do you wish to provide general	public comment, or to speak	for or against a proposal	on the agenda	a? () For proposal
Name: Joaquin			······	(*) Against proposal () General comments
Business or Organization Affiliat	tion: UCLA Labor	ch		
Address: 475, 5, Street Business phone: 23 480 4	Park View SI.	Loe Angeles	State	9 205 7-
Business phone: 23 1804	(55 Representing: _	JAN STATE OF THE S	Ada 4	egsets. When ctr
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.

Date 9 (22 (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	Name of City Agency, Department, Committee			
Do you wish to provide general p	public comment, or to speak for or against a pro			
Name: Council 1	4tur 10-0996 K	2006a Rouga (6) General comments		
Business or Organization Affiliati	17 1 AT. 11 / V. 11	-		
Address: 3465 W		CA 90005 State Zip		
Business phone: 213-28 792-9050 Representing: Ktwt				
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.

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Warso Committees	Council		
	Name of City Agency, Department, Committee of	Council		
Do you wish to provide general p	public comment, or to speak for or against a propos			
Name: MAREK '	PERL	() Against proposal () General comments		
Business or Organization Affiliati	on: BELL CAB			
Address: 1032 Et	PASO DMY C. A. C	A 9004/2		
Business phone:	City City Representing:	State Zip		
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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Date (22/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	- 10.11	Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Com		· · · · · · · · · · · · · · · · · · ·	
	,,,			
Do you wish to provide general p	ublic comment, or to speak for or against	a proposal on the agenda?		
Name: <u> </u>	1 Gebreyesi	<u>e</u>	Against proposal General comments	
Business or Organization Affiliation	on: UITD		T	
	pontsty LA	CA	9003	
Street Business phone 23 46 / 2	570 Representing: My SA	State	Zîp	
/				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		P	hone #:	
Client Address:				
Street	City	State	Zip	

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