Date 10/13/2010	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
Do you wish to provide general p	oublic comment, or to speak for or against a propo	osal on the agenda? () For proposal () Against proposal () General comments
	on: Gladstein of Neandre	
Business phone: (3(c) 573		State Zip
Client Name:	PAID SPEAKER AND PROVIDE CLIENT INF	
Client Address: 2/2 1 C	r. Rosecours Avenue, bard	State Zip

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

Date Co 13 Co DECORUM WILL BE E	2
I wish to speak before the	ment, 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: Diene Coriero	() General comments
Business or Organization Affiliation: Long & Mery	move t
Business or Organization Affiliation: Loye & Mary Address: Loye & Mary mon # Dr Street City	Les Regele, CA State Zip
Business phone: (3/s) 335 - 7827 Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROV	IDE 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	Council File No., A	genda Item, or Case No.
10/13/10	DECORUM WILL BE ENFORCED.	3	
I wish to speak before the	Transpotation Comin!	4	
wish to speak before the	Name of City Agency, Department, Commi	ttee or Council	
Do you wish to provide genera	I public comment, or to speak for or against a p	proposal on the agenda?	
Name: Ben Rock	well		() Against proposal() General comments
	ation: Colobrains for Disa	6./is Repl	
Address: 475 U	v. Sr Straf #26		
		State	Zip
Business phone: \$62-43	32-0 44/Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	/:
Client Name:		Pho	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 10/13/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case N
I wish to speak before the	Name of City Agency, Department, Committee	e or Council
Name: William U	public comment, or to speak for or against a pro	posal on the agenda? (For proposal () Against propos () General commo
Business or Organization Affiliation	on:	
Address: 200 S. 3/10	ie Street, Agt 11. L.	.A. CA 150/2 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	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 Name of City Agency, Department, Committee or	r Council
Do you wish to provide general public comment, or to speak for or against a propos	sal on the agenda? (For proposal
Name: Marion Celdudi	() Against proposal () General comments
Business or Organization Affiliation: Nov 5	
Address: 3153 W. 76th Street los Apple	CA State Zip
Business phone: (34)784 -0345 Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	
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 Date	Council File No., 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 proportion Name:	osal on the agenda? (For proposal () Against proposal () General comments
Business or Organization Affiliation: Los Abreleks de Be	ry le Heize to
Address: 1430 Pennsy France, has Anyte	CA State Zip
Business phone: /323/ 243-2930 Representing:	2.0
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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 10 / 13 / 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, Comm	Hee nittee or Council
	ic comment, or to speak for or against a	proposal on the agenda? (For proposal () Against proposal
Name: George O	po hy	() General comments
Business or Organization Affiliation:	Bell Cos	
Address: /3030 Construction	erise Avens Her the	State Zip
Business phone: 318-676-12	Representing:	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT	INFORMATION 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 (0) (13) (6)	THE CITY COUNCIL'S DECORUM WILL BE	S RULES OF	uncil File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Depart	rtment, Committee or Counc	il	
Do you wish to provide general p		r or against a proposal on th	e agenda? (For proposal) Against proposal
Name: Mark Bur	2 11		() General comments
Business or Organization Affiliat	ion: Bell Cab			
Address: Street	Cerise Arenve	Han the rne	CA	90250
Business phone:	- /১৫৬ Representing:	ty	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT INFORMATION	ON BELOW:	
Client Name:			Phor	ne #:
Client Address:				
Street	Cit	ty	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 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: Address:

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

City

Phone #:

Zip

State

Representing:

Client Name:

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

Business phone:

Client Address:

5 more Yours 1

Date 10 13 10		UNCIL'S RULES OF ILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	PANSPORTATION Name of City Agency	WYMYMTTEE y, Department, Committe	e or Council	
Do you wish to provide general Name: Frances N	azarish			For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: 4EUW	CAB		
Address: 2129 Street	ROSECRANS,	GAKLAENA	CA	7:-
Business phone: (3(0)7/5-	Represent	ing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	ID PROVIDE CLIENT IN	NFORMATION BELO	W:
Client Name:			Pl	none #:

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

City

State

Zip

Client Address: _____Street

CITY OF LOS ANGELES SPEAKER CARD 5 Mones Years !

Date 10 13 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	TILANSPINET AT 1150 COMMINAME of City Agency, Department, Comm	ITTEE	
Do you wish to provide general posterior Name: Mar	ublic comment, or to speak for or against a		For proposal () Against proposal () General comments
Business or Organization Affiliation			
Address: Street Street	City Representing:	A GA- State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	
Client Name:		P	hone #:
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>

S More Vomes	
9 Mas	J

Date	10/13/10	
------	----------	--

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

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

I wish to speak before the		TRANSPO	MOLATON	ammit	THE	
	Name of	City Agency, D	epartment, Com	mittee or Cou	ncil	
Do you wish to provide ge		ment, or to spea	ak for or against	a proposal on	the agenda	(? () For proposal () Against proposal () General comments
Business or Organization	Affiliation:	YEUW	UANB	Ä		
Address: 2V	29 POSEULI			A	State	Zip
Business phone: (3/4):	718-1965	Representing	:			
CHECK HERE IF YOU	ARE A PAID SP	EAKER AND	PROVIDE CLIE	NT INFORMA	TION 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.

NOTE: THIS IS A PUBLIC DOCUMENT.

5/R50 !!	CITY OF LOS ANGELE	S SPEAKER CA	RD	
Dat 04 3 10	THE CITY COUNCIL'S R DECORUM WILL BE EN	ULES OF	ouncil File No., Agen	da Item, or Case No.
wish to speak before the	Name of City Agency, Departme	amm Sammittee or Sammittee	oil.	
Do you wish to provide general relationships and statements of Organization Affiliation Af	public comment, or to speak for or		he agenda? ()	For proposal Against proposal General comments
Address: 7955 Street	SANTERNA City	HOD PO	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVID	E CLIENT INFORMAT	ION 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.

11/19/-	IE CITY COUNCIL'S RULES OF CORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
	Ofty Agency, Department, Committee on	r Council	
Do you wish to provide general public comm	nent, or to speak for or against a propos	al on the agenda	
Name: Michael Coll	14		() Against proposal() General comments
Business or Organization Affiliation:	ell Cab		
Address: 13030 Cerise	Harthon	CA	90250
Address: 13030 Cerise Street Business phone: (310) 676 - (500)	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID SP		RMATION BELC	ow:
Client Name:		P	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 10 13 10		COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the		ATATION COMMITTEE OF		
Do you wish to provide general p	oublic comment, or to	speak for or against a propo	sal on the agenda?	(For proposal
Name: William	Rouse			() Against proposal() General comments
Business or Organization Affiliati	ion: YEWN	NUAB		
Address: 279 Kd			CA	
Business phone: Street			State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER	AND PROVIDE CLIENT INF	ORMATION BELOV	v:
"ant Name:			Ph	one #:
Address:				
Street		City	State	Zip

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

Date 10 (13 -2010)	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	OF	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co	Con wiftee	
	public comment, or to speak for or again		164
Name: ANDRRY	Primesuro		Against proposal () General comments
Business or Organization Affiliati	on: United In	udeperdent	Insuit ixpt
Address: 900 N	. Acuorado los A	MODERS CA	91401
	Representing:		· Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	ENT INFORMATION BELOV	w:
Client Name:		Ph	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.

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

Date

10-13-10		BE ENFORCED.	3	3
I wish to speak before t	he	Department, Committee		
Do you wish to provide	general public comment, or to spea	ak for or against a prope	osal on the agenda	? () For proposal
Name:	SENTATEHU SIL	ASIL		(A) Against proposal() General comments
Business or Organization	on Affiliation:	VA		
Address:	eet	City	Obsta	71-
	eet Representing:		State	Zip
	J ARE A PAID SPEAKER AND			
Client Name:			P	Phone #:
Client Address:Str		City		

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 0 / 1 } ~ (0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	HCQ or Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	osal on the agenda	() Against proposal
Business or Organization Affiliation			_
Address:Street			
	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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 10-13-10	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 C	Council	
Do you wish to provide general public co	omment, or to speak for or against a proposal	on the agenda?	
Name: Shimelis Taless	c-Micael		(X) Against proposal () General comments
Business or Organization Affiliation:	ITTD//ATWA		
	Eimerey Pl#8, LA.	State	9002:0
Business phone: 2/3 / 675-763	Representing: LATWA		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	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.

Date /0/13/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.	
I wish to speak before the	RANDEN From Commette Name of City Agency, Department, Committee			
Do you wish to provide general p	oublic comment, or to speak for or against a pro	posal on the agenda		
Name: ALTAYE	ASPAW		() Against proposal () General comments	
Business or Organization Affiliati	ion: L.T. W.A			
Address:				
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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

Street	City	State	Zip
Client Address:			
Client Name:			Phone #:
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIEN	T INFORMATION BE	LOW:
Business phone:	Representing:		
Street	City	State	Zip
Address:	Harles to bus	CITY CA	aoBo
Business or Organization Affiliation:	self		~ A
Name:	13110		() General comments
Do you wish to provide general public	comment, or to speak for or against a	proposal on the agen	(A) Against proposal
Do you wish to provide general sublic	comment or to enough for an arrainst	proposal on the array	de? / \ For proposal
I WIGH to opour boloro tho	me of City Agency, Department, Comr	nittee or Council	
I wish to speak before the	noportutas <	som matree	
	. (
10/10/10	DECORUM WILL BE ENFORCED		3
10 10	THE CITY COUNCIL'S RULES OF	Council i lie	140., Agenda Hem, or Case 140.

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

10/13/to	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Transportation Conte- City Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	oosal on the agenda	? () For proposal
Name: Betty	thing		Against proposal () General comments
υ Business or Organization Affiliati	on: Inner Coty Law Conter/ L	-ATWA	
Address:			
Street	City	State	Zip
Business phone:	Representing:		*
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	OW:
Client Name:		F	Phone #:
Client Address:Street	City	State	7in

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

Date 10/13/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the $\frac{1}{1}$	Musp Committee Name of City Agency, Department, Committee of	or Council
	public comment, or to speak for or against a propo-	21.
Name: Stephenne -	aux lor	(X) Against proposal () General comments
Business or Organization Affiliat	ion: green LA Coahtun	
Address: 1000 N , (Taixlor ion: green LA Coahtin alameda St. LOS Appagles	CA 90012 State Zip
Business phone: 21334	しる28∮ Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:

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

State

Zip

City

Client Address:

Street

Date 10 /13/10	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	CSMMITTER or Council
Do you wish to provide general	public comment, or to speak for or against a propo	
Name:	UID SHAPIRO	(*) Against proposal (*) General comments
Business or Organization Affilia	ation:	
Address:Street		
Street	City	State Zip
Business phone:	Representing: SELF AS FOUNDE	LBOARD MEMBER DRIVERYOUND
	A PAID SPEAKER AND PROVIDE CLIENT INF	
Client Name:		Phone #:
Client Address:	0"	7
Street	City	State Zip

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

THE CITY COUNCIL'S RULES OF

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

Date

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
Name: FASIL MERSHA (X) Against proposal General comments
Business or Organization Affiliation:
Address: 900 N. ALVARADO L.A CAL 98036 Street State Zip
Business phone: 323-653-5050Representing:
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.

NOTE: THIS IS A PUBLIC DOCUMENT.

Date 10/13/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before theNa	me of City Agency, Department, Committee o	Comm.) +1 e			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (() For proposal					
Name:	gebreyesus	Against proposal () General comments			
Business or Organization Affiliation:					
	ounf of J	900 3 S State Zip			
Business phone Street 829	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 (0/13/10	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
Do you wish to provide general purification. Business or Organization Affiliation.	n: ((n))	osal on the agenda? () For proposal Against proposal () General comments
Address: Street	N. plwass st -760 Representing: Unity	State Zip
	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 13	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
Do you wish to provide general	public comment, or to speak for or against a prop	osal on the agenda? () For proposal
Name: 1/1	hun	Against proposal () General comments
Business or Organization Affiliat	ion: //S (D)	
Address: Street	V. KVerallo City	State State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	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 10/13 / 10	THE CITY COUNDECORUM WILL			Council File I	No., Agenda Item, or Case No.
I wish to speak before the BE	RHANU Jame of City Agency, D	epartment, Com	nmittee or Co	ouncil	
Do you wish to provide general publ		ak for or against	a proposal o	on the agend	da? () For proposal () Against proposal () General comments
Name:	SELF	Empli	042	s(
Address: 1039 5.	Air Fax	AVE	LAA	State	90019 Zip
Business phone: $(323)932-88$	27 Representing:	-			
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND I	PROVIDE CLIE	NT INFORM	IATION BE	LOW:
Client Name:			, v		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 10,13,10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	TRANSportation Name of City Agency, Department, Comm	
	ublic comment, or to speak for or against a	
Name: Gennagy	. MIRMILShTEG	() Against proposal (//) General comments
Business or Organization Affiliatio	n:	0
Address: 8115W, M	OMON AV. West	Hollywooded 90046
Business phone: 1323/842	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

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., Age	enda Item, or Case No.
I wish to speak before the	Transportation Computer Name of City Agency, Department, Commit		
Do you wish to provide genera	al public comment, or to speak for or against a p	roposal on the agenda? (
Name: Dean So	ni to	<i>></i>) Against proposal General comments
Business or Organization Affil	liation: South Coast A amp	<i>V</i>	•
Business phone: Street 909-	Copley Dr. Diamond Gity Representing:	State	Zip
	E A PAID SPEAKER AND PROVIDE CLIENT		
Client Name:		Phon	e #:
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.