Date 10.26.16	THE CITY COUNCIL'S I	a fi dilbe anna issue dan 1000 li	Council File No.,	Agenda Item, or Case No.		
I wish to speak before the	Cyly Cour		Council			
Name of City Agency, Department, Committee or Council  Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments						
Business or Organization Affiliation: _	UITD					
Address: 8115 W. Norton Street	$\frac{\partial}{\partial v}$ , $\frac{\partial}{\partial v}$ , City	7	State	90046 Zip		
Business phone: 4323) 8 42-47 / Representing:						
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			P	one #:		
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 10/96/10		NCIL'S RULES C L BE ENFORCE	) [	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the Nar	ne of City Agency,	OUV Department, Cor	nmittee or Cou	ncil	
Do you wish to provide general public	comment, or to spe	eak for or against	a proposal on	the agend	
Name: Gefaha	177	#5	fac	e/	Against proposal General comments
Business or Organization Affiliation:	HI				
Address:					
Street	•	City		State	Zip
Business phone:	Representing	g:			
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND	PROVIDE CLIE	NT INFORMA	TION BEL	.ow:
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>

### CITY : LOS ANGELES SPEAKER 'ND

Date 10 26 10	222000 025 2 000	UNCIL'S RULES OF	, sas	il File No., Ag	enda 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 p	ublic comment, or to s	•		agenda? ( ( (	For proposal     Against proposal     General comments
Business or Organization Affiliation	on: Yellow	Cab			
Address: 2129 W.	Plose crans	Avenue,	Garde a Sta	of A	91249 Zip
Business phone:	Representi	ng:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AN	D PROVIDE CLIE	NT INFORMATION	BELOW:	
Client Name:				Pho	ne #:
Client Address:Street		City	Sta	ute	Zip

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

Date	THE CITY C	OUNCIL'S RULES OF	Council File	No., Agenda Item, or Case No.
10/26/13		VILL BE ENFORCED.	12	
I wish to speak before the	City Cour	ral		
	Name of City Agen	cy, Department, Committe	e or Council	
Do you wish to provide general		speak for or against a pro	posal on the agen	da? ( For proposal ( ) Against proposal
Name: Frances Noza				( ) General comments
Business or Organization Affiliat	ion: Yellow (	26		
Address: 2129 W. A	lose crans	Avenue, Gard	nc CA State	QUZY9 Zip
Business phone:	Represer	nting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT II	NFORMATION BE	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.

NOTE: THIS IS A PUBLIC DOCUMENT.

Date 10/24/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	City (uuna)  Name of City Agency, Department, Comm	nittee or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (") For proposal  Name:     Yan   Exicusor					
Business or Organization Affiliat	ion: 6/9dstein al Associates	·			
Address:Street	City	State Zip			
	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Yellow (46)  Phone #:					
Client Address: 2129 w-	Rosecrani Avenuc City	Gardon CA 90249 State Zip			

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

Date 10/26/10	THE CITY COUNC		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	City (oun a)  Name of City Agency, De	poortmont Committee	or Council	
Do you wish to provide general p	public comment, or to speal		osal on the agenda?	( V For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion:			
Address: 3153 W.	76tr St 1	Los Angles	State	70043 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.

# LOS ANGELES SPEAKER .RD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BULES 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: Representing: Business phone: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: \_\_\_\_\_Street

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

State

Zip

I wish to speak before the  Name of City Agency, Department, Committee or Council	LOS ANGELES SPEAKER KD
Name of City Agency, Department, Committee or Council	
	Connect C
	of City Agency, Department, Committee or Council
Business or Organization Affiliation: 2955 "City COB"	accent ait on u
Address: 7955 San Flynando Rd Sun Vallan	Fernando Red Sun Vallan
Business phone: Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:	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 10/24/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
,		
I wish to speak before the	Councel	
Na	me of City Agency, Department, Committee or	Council
Do you wish to provide general public	comment, or to speak for or against a proposa	al on the agenda? ( ) For proposal ( ) Against proposal
Name: FLA L	OCKWELL	( ) General comments
Business or Organization Affiliation:	Californique Rer Disabi	hy Rights, Inc.
Address: 475 W. 2	54484-426, L	ing Beach -
Business phone (1) (13)	Officepresenting:	State Zip
CHECK HERE IF YOU ARE A PAI	D 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.

Date	THE CITY COUNCIL'S RULES OF	Council File No., Age	enda Item, or Case No.		
10/24/10	DECORUM WILL BE ENFORCED.	12			
I wish to speak before the	City Council				
	Name of City Agency, Department, Committee	or Council			
	public comment, or to speak for or against a prop	osal on the agenda? (	) Against proposal		
Name: Michael (ali		(	) General comments		
Business or Organization Affiliat	ion: Rell Cab				
Address: <u>3030</u> Ce	ion: Rell Cab exise Avense, Hartun	CA			
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phon	e #:		
Client Address:Street	City	State	Zip		
Street	Oity	Giale	Z IP		

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	75	Council File	No., Agenda Item, or Case No.
10/26/10		M WILL BE ENFORCE	·	2.	
			<b>L</b>		
I wish to speak before the	City lo	unci			
	Name of City Age	ency, Department, Co	nmittee or Co	uncil	
Do you wish to provide general p		to speak for or agains	t a proposal o	n the agen	( ) Against proposal
Name: (onnic 60	imez				( ) General comments
Business or Organization Affiliat	ion: Lus Ab	velitor de T	Boyle H	eight	
Business or Organization Affiliat  Address: 1420 Per	insylvenia t	treme, los	Angele		
Street	1	City	Ö	State	Zip
Business phone:	Repres	senting:			
CHECK HERE IF YOU ARE		AND PROVIDE CLI	ENT INFORM	ATION BE	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

10/24/16	, 1 1 mm	UNCIL'S RULES OF ILL BE ENFORCED.	12	, , , , , , , , , , , , , , , , , , ,
I wish to speak before the		<del></del>		,
	Name of City Agency	v, Department, Committe	ee or Council	
Do you wish to provide general	public comment, or to s	peak for or against a pro	oposal on the agend	da? ( ) For proposal
Name: Bill Pouse				( ) Against proposal     ( ) General comments
Business or Organization Affiliat	ion: Yellan Cab	J		
Address: 2129 W. M	osceans Avenue	barders	CA State	90249
Street Business phone:		3.1.5		
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIENT I	NFORMATION BEI	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	THE CITY COUNCIL'S RULES	Council File No., Agenda Item, or Case No.
10/26/10	DECORUM WILL BE ENFORC	10
I wish to speak before the	Name of City Agency, Department, Co	ommittee or Council
		_
		st a proposal on the agenda? ( ) For proposal
Name: Steven Natory	tion: Yella Cob	( ) Against proposal ( ) General comments
Business or Organization Affilia	tion: Yellow Cob	
Address: 2129 W. Ro	ose craw Avenue Cordere City	CA 90ZY9 State Zip
t .		State ZIp
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	IENT 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 (10	THE CITY COUNCIL'S RULES ( DECORUM WILL BE ENFORCE	/ 2			
I wish to speak before the	Coly Council  Name of City Agency, Department, Co	mmittee or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) Against proposal ( ) Against proposal ( ) General comments					
Business or Organization Affiliation:  Bell Cab  1  1  1  1  1  1  1  1  1  1  1  1  1					
Address: 15030	CORISE THE	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	THE CITY COUN	CII'S DIII ES OS	Council File No.	, Agenda Item, or Case No.
10/26/10	DECORUM WILL	CONTRACTOR CONTRACTOR OF CONTRACTOR CONTRACT	12	
I wish to speak before the	Name of City Agency, D	epartment, Committee o	r Council	
Do you wish to provide general	public comment, or to spea	k for or against a propos	sal on the agenda	
Name: George C	)poky			( ) Against proposal ( ) General comments
Business or Organization Affilia	ation: Bell Cab			
Address: (3030 Street	Corise Avenue	2 Hawthere	State	Zip
Business phone:				<b>-</b> 'P
CHECK HERE IF YOU ARE	A PAID SPEAKER AND F	PROVIDE CLIENT INFO	PRMATION 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 ,	CITY COUNCIL'S RULES OF	Council File No., Age	enda Item, or Case No.		
10/26/2010 DECC	ORUM WILL BE ENFORCED.	12			
I wish to speak before the		0			
Name of Cit	y Agency, Department, Committee or (	Councii			
Do you wish to provide general public commer Name: Adriano Martinez	nt, or to speak for or against a proposa	on the agenda? (	) For proposal ) Against proposal ) General comments		
Business or Organization Affiliation: Natu	ral Resources Defense	Conncil			
Address: 13/4 Scand St.	Santy Monica	(A	9040/		
Business phone: $(310)434 - 2300$ R	epresenting: <u>VRD(</u>	State	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phor	ne #:		
Client Address:	0:				
Street	City	State	Zip		

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

Date 10/26/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	D.		
I wish to speak before the	ity Council	or Oowell			
	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: Sentagely G-Silassi (X) Against proposal (S) Against proposal (S) General comments  Business or Organization Affiliation: Los Angeles CH					
Business or Organization Affiliat	ion: 605 Angeles C	-f-f-			
Address:					
Street	City	State Zip			
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:Street	City	State Zip			
Street	City	State ZIP			

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

Date 10/26/10	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, Commit	too or Council
Do you wish to provide general p  Name:	oublic comment, or to speak for or against a p	
· ·	crel Caryon Bhod	Survelle Ca 91352
Business phone: 322-839 =	V	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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THE CITY COUNCIL'S RULES OF

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

Date

10/2/11

DECORUM WILI	L BE ENFORCED.	711			
I wish to speak before the Chy Counal					
Name of City Agency, [	Department, Committee or	Council			
Do you wish to provide general public comment, or to spe	<del>-</del> , ,	l on the agenda?	( ) For proposal (✗) Against proposal ( ) General comments		
Name: <u>sportante jantor</u>			( ) General comments		
Business or Organization Affiliation: Affiliation:	alition				
Name: Suphanie Taylor  Business or Organization Affiliation: Green LA Co  Address: 1000 N. Glamekust.  Street	Los Angleles	State	90012 Zip		
Business phone: 213-346-3284 Representing	):	Otale	Z.ip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
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.

# CITY F LOS ANGELES SPEAKER ARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BULES 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 Name: ALTAYE ASFAU General comments Business or Organization Affiliation: 2ATM/ Address: City State Zip 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.

City

State

Zip

Client Address: \_\_\_\_

	No. of Street	* Secretary*		
Date 10/26/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, o	or Case No.
wish to speak before the	City Council			
	Name of Cfty Agency, Department, Committee o	or Council		
-	public comment, or to speak for or against a propos		/	
Business or Organization Affilia	tion: Inver City Law Center on behalf o	of LA Taki	workers	Alliance
Address:				
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEL	ow:	
Client Name:			Phone #:	
Client Address:				

١RD

State

Zip

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

City

Street

Date 10 - 26 - P	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	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general pu	ıblic comment, or to speak for or against a propo	sal on the agenda? (	) For proposal
Name:	AMID KHAN		Against proposal ) General comments
Business or Organization Affiliatio			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:	2		
Street	City	State	Zip

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

Date 26	THE CITY COUNCIL DECORUM WILL BE		Council File No.,	Agenda Item, or Case No.	
I wish to speak before the	CITY COUNT	CIL artment, Committee or (	Council		
Do you wish to provide general p	public comment, or to speak for	or or against a proposa	I on the agenda?		
Name: JOE LI	NTON			<ul><li>( → Against proposal</li><li>( ) General comments</li></ul>	
Business or Organization Affiliation: GREEN L.A. TRANSPORTATION WORK GROUP  Address: 131 1/2 Bimini Place, LA CA 90004  Street City State Zip					
Address: 131 1/2	Bimini Place	, LA	CA	90004	
				Zip	
Business phone:	Representing:	SELF - YOLU	NTEER		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Pł	none #:	
Client Address:		Va.	04-44	77	
Street	C	ity	State	Zip	

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# CITY F LOS ANGELES SPEAKER 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: 90026 Address: State Business phone: 213 483 - 7669 Representing: 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.

City

State

Zip