#7

				and the second s
Date	THE CITY COUNC		Council File No	., Agenda Item, or Case No.
I wish to speak before the $\underline{\qquad}$	2 partment of Name of City Agency, De	Transportation or Committee or C	Ou Cov	nmittee
Do you wish to provide general	public comment, or to speal	k for or against a proposal	on the agenda	
Name: <u>ANIKO S</u>	CHUELLER			() Against proposal () General comments -
Business or Organization Affiliat	ion: Mishis Struc	lel Bakery &	Cafe	
Address: 309 W. 7-16	Str. Sau	Pedro CA		90731
Address: 309 W. The Street Business phone: $310-23$	2-6474 Representing:	Self- 7th Str.	Merchan Merchan	ts-downtown
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	MATION BELO	ow: Sau' Ped
Client Name:			F	Phone #:
Client Address:			01-1-	·
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 OF LOS	ANGELES SPEA	KER CARD	•	1
Date	i i	OUNCIL'S RULES OF VILL BE ENFORCED.	Council Fil	le No., Agenda Item, 941	or Case No.
I wish to speak before the	Name of City Agend	cy, Department, Commi	ttee or Council		
Do you wish to provide general Name: MICHAEL			proposal on the age	() Agains	oposal st proposal ral comments
Business or Organization Affiliat	ion: MISHI'S	STRUDEL	BAKERY	S CAF	Ē
Address: 309 W	7 ST.	SAN PEDRO) CA State	907	<u>'31</u>
Business phone: 31083;	26474Represen	nting: Self-7	th St. Merch	rants-do	
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT	INFORMATION B	ELOW:	Sair Pedro
Client Name:				Phone #:	Assert with the state of the st
Client Address:		City	State	Zip	

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Date (- 2 2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 11-094/ / TEM#7
I wish to speak before the	Name of City Agency, Department, Committee	COMMITTER
Do you wish to provide general	public comment, or to speak for or against a pro	posal on the agenda? (For proposal
Name: $60R0$	ON THUBER	() Against proposal () General comments
Business or Organization Affiliat	ion:	12 ₁₉ . 1
Address:		
Street Business phone:	Representing:	/ State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IF	NFORMATION 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/ 6/20//	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Tr. Ans Pant Art of Come Name of City Agency, Department, Committee	
Do you wish to provide general p	public comment, of to speak for or against a prop	
Name:	super/	() Against proposal () General comments
Business or Organization Affiliat	ion: MANYTIME KEEAA	CA CENTER
		State Zip Netu(M)
Business phone: 3/0 52	1-0/A Representing: Down	UN SAN PEDRO MELICARE
	A PAID SPEAKER AND PROVIDE CLIENT IN	
Client Name:		Phone #:
Client Address: Street	City	State Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

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Date / / /	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
6/22/2011		1/0094/		
0/00000	DECORUM WILL BE ENFORCED.	1 3 / / /		
•	Prop.			
Commence of the second	DUSPORTATION C	- 201 motters		
I wish to speak before the	JOSPORINIZON C	2)1000000000000000000000000000000000000		
Na Na	me of City Agency, Department, Committee of	Council		
Barrier tale and market many further dale	and the second s	al an the annual O Walk For annual		
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agenda? () For proposal		
Name: KAT NERIVE	CORALI CORALI	() Against proposal () General comments		
	MACTICAL SHOP	MATTIME DEEDAL		
Business or Organization Affiliation: _	1011	110 TO JOSE O		
Address: 30/ しょう	7451/SAN PED RO City Representing: Manitime	cs 9073/		
Street	City	State Zip		
Business phone: 3/0 52/-0/;	Representing: Many 71 M	THESOURED CIRC		
,		, , , , , , , , , , , , , , , , , , ,		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Oliont Adalas as				
Client Address:	City	State Zip		
-	v	 		

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

Date 6/22/11	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	5 OF	o., Agenda Item, or Case No.
I wish to speak before the	DOT Commettee Name of City Agency, Department, C	ommittee or Council	
Do you wish to provide general	public comment, or to speak for or again	nst a proposal on the agend	a? (><)-For proposal
Name: Teri Tau	rinura		() Against proposal () General comments
Business or Organization Affilia	tion: Statistical /		
Address: <u>3234\$ea</u> Street		Palos Veroles C	"A-20277
	September 1	State	Zip
Business phone:	Répresenting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CL	IENT INFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 6 - 23-11	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	Y ANS DOY TATION COVAN Name of City Agency, Department, Commit	8 1 8		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (For proposal				
Name: Allyson	a		() Against proposal() General comments	
Business or Organization Affiliation: Self. San Redvo stakeholder				
Address: 320 W Street	1th St /San Redvo	State	90731	
Business phone:	/	State		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	,	Ph	one #:	
Client Address:Street	City	State	Zip	

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