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

Council File No., Agenda Item, or Case No.	
7 073494	

I wish to speak before the	Name of City Agency, Department, Committee or Council	
Do you wish to provide gene	eral public comment, or to speak for or against a proposal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Aff	filiation:	· 4 <sub>44</sub>
Address:Street	City State	Zip
	Representing:	•
CHECK HERE IF YOU AR	RE 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 7/09/08	in the second se	Council File No	, Agenda Item, or Case	e No.
I wish to speak before the	e of City Agency, Department, Committee	₽ e or Council		
Do you wish to provide general public c	omment, or to speak for or against a pro	posal on the agenda		
Name: Howard Hacket	(†		()Against propo (ێ) General com	
Business or Organization Affiliation:	* :		···	
Address:				
Street	City	State	Zip	٠.
Business phone:	Representing: <u>Sピノて</u>		· · · · · · · · · · · · · · · · · · ·	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELO	ow:	
Client Name:		F	Phone #:	
Client Address:				
Street	City	State	Zip	
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Date	Council File No., Agenda Item, or Case No.
7-9-08	07-3494
I wish to speak before the Name of City Agency, Department, Committee	
Name of City Agency, Department, Committee	or Council
Do you wish to provide general public comment, or to speak for or against a prop	
Name: Tosef BRAY-ALJ	General comments
Business or Organization Affiliation:	
Address: 3706 N. Figurapai Los Angels Street City	90065
Street	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

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·	ITY OF LOS ANGE	LES SPEAKER	CARD () /-	-3494
Date 7-9-08	THE CITY COUNCIL	'S RULES OF	Council File No.,	Agenda Item, or Case No.
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·	Name of CIty Agency, Depart	artment, Committee or (	Council	
Do you wish to provide general pub	Ic comment, or to speak f	or or against a proposa	I on the agenda?	
Name: Stepler &	B. L. a. / D.	La (11.	<u> </u>	( ) Against proposal (X) General comments
Business or Organization Affiliation:	: DINE WY	MIS COPE	awe_	
Address: $1938$ $N$	· Commyn B	#10	ACAC	30028
Street Business phone: 3239626	( )	lity	State /	Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PRO	OVIDE CLIENT INFOF	RMATION BELO	<b>W</b> :
Client Name:			Pł	none #:
Client Address:				
Street	C	City	State	Zip

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

07-3494

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

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

I wish to speak before the	Council Transpor	, totion Com	nite	
Name of City Age	ncy, Department, Committee o	r Council		
Do you wish to provide general public comment, or to			( ) For proposal	
Name: ARX Thompsons 19			( ) Against proposal ( ) General comments	
Name: Alex Thumpson:  Business or Organization Affiliation:				
Address: 10741 Westiminster Ac	e Los Ángeles	<u> </u>	90034	
Business phone: 323 62 0 8989 Represe	· **	State	ZIP	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		. PI	none #:	
Client Address:				
Street	City	State	Zip	

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NOTE: THIS IS A PUBLIC DOCUMENT.

07-3494 e No. Agenda Item, or Case No.

M-9-08

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

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

I wish to speak befo	re the Traus	portation Commi	iffee	
	Name o	f City Agency, Department, Committe	ee or Council	
Do you wish to prov Name: EM	ide general public com	nment, or to speak for or against a pr	oposal on the agenda?	For proposal  ( ) Against proposal ( ) General comments
Business or Organiz	zation Affiliation:	illuminately		
Address:				
	Street	City	State	Zip
Business phone: _		Representing:		***************************************
CHECK HERE IF	YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT I	INFORMATION BELO	w:
Client Name:		·	P	hone #:
Client Address:				
	Street	City	State	Zip

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