Cf-04-1935 5-1

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Date) -) - I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of City Agency, Department, City Agency, City Agenc		Agenda Item, or Case No.
Do you wish to provide gener Name:	ral public comment, or to speak for or against a propo WO CAVMAG liation:		For proposal Against proposal General comments
Address:			
Street	City	State	Zip
Business phone:	Representing:		
Client Name:	E A PAID SPEAKER AND PROVIDE CLIENT INF		N:
Client Address:Street	City	State	Zip

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Date 12-2-2016	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 of	or Council	
Do you wish to provide general p	ublic comment, or to speak for or against a propo		? () For proposal () Against proposal () General comments
Business or Organization Affiliation	n:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
Client Name:	PAID SPEAKER AND PROVIDE CLIENT INF		hone #:
Client Address:Street	City	State	Zip

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Date 2 - 2 - 16	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 of	or Council	
Do you wish to provide gene	eral public comment, or to speak for or against a propo	sal on the agenda	? () For proposal
Name: 50511	Ackerman		() Against proposal () General comments
Business or Organization Aff	filiation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
Client Name:	RE A PAID SPEAKER AND PROVIDE CLIENT INF		OW:
Client Address:Street	City	State	Zip

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Date 12 - 2 - 1 6	THE CITY COUNCIL'S R DECORUM WILL BE EN	OLLO OI	File No., Agenda Item, or Case No.
I wish to speak before the _	Name of City Agency, Department		
Name: Glenr	/	President	() Against proposal () General comments
Business or Organization Af	filiation: Northridge	e kast N	
Address:			_
Street Business phone:	City Representing:	Mrrdge Easi	+ NC
CHECK HERE IF YOU AF	RE A PAID SPEAKER AND PROVID		BELOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 12/2/16	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	or Council		
Do you wish to provide general p	ublic comment, or to speak for or against a propo	osal on the agend	da? (X) For proposal () Against proposal () General comments	
Business or Organization Affiliation	On: STUDIO CITY NEICHBOR ORA BLUD-4225 STUDIO CI	H000 G	91604	
	6067 Representing: SELF	/ State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BE	LOW:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	

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Date 12/2/16	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
Name: Fli /	public comment, or to speak for or against a prop	posal on the agenda? () For proposal () Against proposal () General commen
Business or Organization Affiliat	tion: BONC (Speaking of Los Angeles	as an individual)
Address:Street	Los Angeles	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 12/16	THE CITY CO			Council File No.	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency	unc , Departme	ent, Committee or Co	ouncil	
Do you wish to provide gener Name: し ひ る ヤ	ral public comment, or to s	oeak for or	against a proposal of	on the agenda	? (For proposal () Against proposal () General comments
Business or Organization Affil	iation:				
Address: 3444 Street	OXNARA	ST	VALLEY	FLED State	CA 91401
Business phone:	Representi	ng:			
CHECK HERE IF YOU ARI	E A PAID SPEAKER AN	D PROVID	E CLIENT INFORM	IATION BELC	ow:
Client Name:				P	hone #:
Client Address:Street		City		State	Zip

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Date 12/0/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ager	nda Item, or Case No.
I wish to speak before the	A City Councy Name of City Agency, Department, Committee	or Council	
Do you wish to provide general pub Name: 2	olic comment, or to speak for or against a prop	oosal on the agenda? ()	For proposal Against proposal General comments
Business or Organization Affiliation: Address: 21308 No	ashulle St Chatsu	work Ca	91311
Business phone S Street	City Representing:	State	Zip
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone	#:
Client Address:Street	City	State	Zip

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Date 12/2/16		THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm		Council	
Do you wish to provide general pu	ublic comment, or to speak for of $A = SAR/KI$		on the agenda	a? (For proposal) Against proposal () General comments
Business or Organization Affiliation Address:// Street Business phone:	n: SCNC	SPEAR	4NG RO	OR SERF
Street Business phone:	City Representing:	SELF	State	Zip
CHECK HERE IF YOU ARE A				
Client Name:				Phone #:
Client Address:Street	City		State	Zip

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Date 0 /2/16		THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
Lett	0	DECORUM WILL BE ENFORCED.	ET D	6
I wish to speak befor		lame of City Agency, Department, Committee of	r Council	
Do you wish to provide	de general pub	lic comment, or to speak for or against a propo	sal on the agenda?	() For proposal
Name:	Sohn	WAL681		() Against proposal () General comments
Business or Organiza	ation Affiliation:	walch confidenti	al	
Address:	, ~	City	State	Zip
		Representing:		
CHECK HERE IF Y	OU ARE A P	AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:			Ph	none #:
Client Address:	Street	City	State	Zip

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Date	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO	LES OI	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department	Correcible of Correcil	
Name:Business or Organization	eneral public comment, or to speak for or as		nda? () For proposal () Against proposal () General comments
Address:Street	City	State	Zip
	Representing:		
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Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak or or against a preposal on the agenda? () For proposal () Against proposal () Against proposal () General comments Business or Organization Affiliation: Address: Street City State Zip Business phone: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Date // 2	the ethe	THE CITY COUNCIL'S DECORUM WILL BE		Council File No.,	Agenda Item, or Case No.
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () Against proposal () General comments Business or Organization Affiliation: Address: Street City State Zip Business phone: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	The opening		ne of City Agency Depar	tment. Committee or (Council	
Address: Street City State Zip	Name:	de general public d		1		() Against proposal
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Client Address:	Address:		2 Cit		State	Zip
Client Name: Client Address:	Business phone:		Representing:			1
	CHECK HERE IF Y Client Name:	OU ARE A PAIL	1	VIDE CLIENT INFOR		
	Client Address:	Stroot	Cit		State	Zip

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Date 12-16	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	e or Council
Do you wish to provide ger	neral public comment, or to speak for or against a pro	() Against proposal
Name:	Ivi heren	() General comment
Business or Organization A	Affiliation:	
Address:Street		
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip