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Date 6-3-15		NCIL'S RULES OF L BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,	Department, Committee	ee or Council	
Do you wish to provide gene	ral public comment, or to sp	eak for or against a pro	pposal on the agenda?	() For proposal Against proposal
Name: Jeff Ja	cobbenger		0 - 11 -	() General comments
Business or Organization Affi	liation: 14 Bigo	le Advisory	Committee	
Address:	*			
Business phone: 373-6	46.3308 Representing	City g:	State	Zip
CHECK HERE IF YOU AR	E A PAID SPEAKER AND	PROVIDE CLIENT I	NFORMATION BELOW	v :
Client Name:			Pho	one #:
Client Address:				
Street		City	State	Zip

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Date (3/15	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 PU	blie Works & Corne Rea	wetun Co.	amter
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agenda?	For proposal () Against proposal () General comments
Name.		/ /	1
Business or Organization Affiliation	on: UNGAN Seaul 48 \$ /	led. Ausny	Count
Address: 32	5 N. RAMPART BIVD	· CA	90026
Street	/ City	State	∠ıp
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	/ :
Client Name:		Pho	one #:
Client Address:		-01/0-17-14-0-0	
Street	City	State	Zip

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Date 6 - 3 - 15 I wish to speak before the	THE CITY COUNDECORUM WILL		12 (le No., Agenda, Item, or Care No.
	Name of City Agency, D	epartment, Comr	nittee or Council	
Do you wish to provide general	public comment, or to spea	ak for or against a	a proposal on the age	nda? (For proposal
Name: CHRS7	THE PEI	TERS		() Against proposal () General comments
Business or Organization Affiliat	ion: CD	13	O'FAR	ERELL
Address:				
Street		Citý	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE			IT INFORMATION B	BELOW:
Client Name:				Phone #:
Client Address:		0::		
Street		City	State	Zip

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Date 4 3 15	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
	Filiation: Away En UMME	() Adamst proposal
Business or Organization Aff	filiation: ATWATEN UM NGB	(45511013U)
Address:Street	City	State 7in
Business phone:	Representing: ####################################	DILLARI
	RE A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Olivet	Oity	Citato Zip

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June 3, 2015	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	
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agenda? K For proposal
Name: DONALD	SELIGHAN	() Against proposal () General comments
Business or Organization Affiliation	on: LOS FELIZ IMPROVE	
Address: P. O. Box	29395 Los Angela	State 7in
Business phone: 323-663	5-1408 Representing: Los Feliz	Improvement Assoc.
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date \	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
Date 3 Jun 2015	DECORUM WILL BE ENFORCED.	6: 05-0173
I wish to speak before the Pal	blic Works & Grong Red.	
	Name of City Agency, Department, Committee	e or Council
	public comment, or to speak for or against a pro	() Against proposal
Name: Sercie Law	ubarri	() General comments
Susiness or Organization Affiliation	on: Atwater Village Ney	borhood Council
Address:		
Street	City	State Zip
Business phone:	Representing: AUNC	
	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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	HE CITY COUNCIL'S RULES OF ECORUM WILL BE ENFORCED.	Council File No., Agenda, Item, or Case No.
I wish to speak before the PUBLIC Name of	C WORKS / GANG R f City Agency, Department, Committee of	EDUCTION COMMITTE
Do you wish to provide general public com	ment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: DON WA	RO	Against proposal General comments
Business or Organization Affiliation:	TIA, DNA, CAC	APPOINTED BY LENC
Address:Street	LOS FELIZ	State Zip 70027
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PAID SE	PEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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D. I				
Date 6/3/15	THE CITY C	OUNCIL'S RULES OF		Agenda Item, or Case No.
0/0/13	DECORUM	WILL BE ENFORCED.	05	-0173
I wish to speak before the	PW + GR			
	Name of City Agend	cy, Department, Committee	or Council	
Do you wish to provide genera	al public comment, or to	speak for or against a prop	osal on the agenda?	() For proposal Against proposal
Name: ///A The	N Moonly			() General comments
Name: MA + Her Business or Organization Affili	iation: Silven	ste Neighborhard	Council	=
Address: 14/6	Cuelle Ane	CA	CH	90026
Street		City	State	Zip
Business phone:	Represer	ting:		
CHECK HERE IF YOU ARE				w:
Client Name:			Ph	one #:
Client Address:				
Street		City	State	Zip

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Date 6/3/2015	THE CITY COUNCIL'S REDECORUM WILL BE ENF	OLLO OI	No., Agenda Item, or Case No.
I wish to speak before the	PUBLIC WORKS AND GANG	REDUCTION COMMITT	E
	Name of City Agency, Departme		
Name: MICHAEL MAC		against a proposal on the agen	da? () For proposal () Against proposal () General comments
Business or Organization Affilia	ation: READENT		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:	City		



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Date 06/03/2015	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.	
06/03/2015	DECORUM WILL BE ENFORCED.	05-017	3 CD 4, L3
	WORKS & GANG REDUCTION	o Como	
	e of City Agency, Department, Committee or 0		
Do you wish to provide general public c	omment, or to speak for or against a proposa	I on the agend	da? () For proposal
			() Against proposal
Name: KARL F. SCHMI	0		() General comments
Business or Organization Affiliation:	(4		
Address: 4038 EDDO HURS	ALE LA	CA	90039-1468 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOF	RMATION BE	LOW: L
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 6/3/15		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Hwater Villa	cy Neishoo cy, Department, Committee	hood Cou e or Council	ncil
Do you wish to provide general Name:	I public comment, or to	speak for or against a pro	pposal on the agenda	a? (**) For proposal () Against proposal () General comments
Business or Organization Affilia	ation:	6		
Address: 4045	Edenhorst	City	State	COESY
Business phone:	Represen	ting:		
CHECK HERE IF YOU ARE			NFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:		City	State	Zip

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Date 6 3 / 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	ame of City Agency, Department, Committee	
Name: Paul Sinon		() Against proposal () General comments
Business or Organization Affiliation:	LA County Dept of	Public Health
	Blvd., 8 HL FT. LA	
Business phone: 213 -351-7F2	Representing:	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 6 3 15 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Public Wars and Committee of Name of City Agency, Department, Committee of City Agency, Department, City Agency, Department, City Agency, Department, City Agency, City Age	05-017 Reduction	Agenda Item, or Case No. 3 Ifem 6. n Committee
1 de Visa	on: Los Feliz Neighborhad		(Against proposal
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date / 2/2015	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	Reduction Committee
Do you wish to provide general Name: Robert P	public comment, or to speak for or against a pr	() General comments
Business or Organization Affiliat	tion: Los Angeles Wal	K3
Address: 3523 C	iest mont Ave L.	8 . CA . 90026 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date / 7 I	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
6.3.15	DECORUM WILL BE ENFORCED.	05-0173
I wish to speak before the	BUC WORKS & GANG PROL Name of City Agency, Department, Committee o	
	Hamo of only Agonoy, Dopartment, Committee o	
Do you wish to provide general p	public comment, or to speak for or against a propos	
Name: DEBORATT	MURPHY	() Against proposal () General comments
Business or Organization Affiliati	ion: WS ANGELES W	AUKS
Address: 235	SILVER PIDGE AVIE	LA CA 90039 State Zip
Business phone: 323. 60	013173Representing: LOS ANDE	US WACKS
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 6.3.15	THE CITY COUNC			, Agenda Item, or Case No.
I wish to speak before the _P		epartment, Committee or C		
Do you wish to provide general p	oublic comment, or to speal	k for or against a proposa	l on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliati Address: 2746		DR. LA.C	A 9	0039
Business phone: 30.77	O.605 Representing:	City	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	RMATION BELC	ow:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip

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Date 6.3 - 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	Reducti	04
	ublic comment, or to speak for or against a propose) For proposal ✓ Against proposal) General comments
Business or Organization Affiliation	n:		
Address: 45/	Finley Ave, Los Ang	rles CA	90027 Zip
Business phone: 310-815 - 8	Representing:		
4	PAID SPEAKER AND PROVIDE CLIENT INFO		:
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip

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Date 9/3/15	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: Michelle Bloom	public comment, or to speak for or against a proposed of the color of		() General comments Chattan - Brau + Canstag Lut
Address: 2200 PCH Street	#38 Hermoga) Beach	State	90254 Zip
	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w: I
Client Name: Angelong	for a Great Hyperion Bridge	P	hone #:
Client Address:Street	City	State	Zip

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Date 6/3/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Public Works Com Name of City Agency, Department, Committee	
Do you wish to provide general	public comment, or to speak for or against a pro	oposal on the agenda? () For proposal
Name: MARK C.	WYNN	() Against proposal (L) General comments
Business or Organization Affiliat	tion: STAKE HOLDON	
Address:Street		
Business phone:	(,	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date July 3 7015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, of Cast
I wish to speak before the	Public Works and Name of City Agency, Department, Committee	Gener Reduction
Do you wish to provide general pu	blic comment, or to speak for or against a prop	posal on the agenda? () For proposal
Name:	Potter	() Against proposal () General comments
Business or Organization Affiliation	n:	
Address: Street	1/2 Sanborn Aug	CA CA 90029 State Zip
Business phone: 323 610	6666 Representing: Self	
	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 6-3-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	Wolfs & Gary Reduction of City Agency, Department, Committee o	
Name	of City Agency, Departingent, Committee of	Council
Do you wish to provide general public co	omment, or to speak for or against a propos	sal on the agenda? () For proposal Against proposal () General comments
Business or Organization Affiliation:		
Address: 411 Marrion D.	Representing: Aven Home or	91205
Business phone: 818-331-8514	Representing: Aven tome or	whers Residents
CHECK HERE IF YOU ARE A PAID		DRMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 6/3/15	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	public comment, or to speak for or against a propos	al on the agend	la? () For proposal
Name: PALE BENSO!	\bigcirc		() Against proposal () General comments
Business or Organization Affiliation	on: CAKTOLANS		
Address: [DO S. MAN	STREET LOS ANGUES	CA	90012
Business phone: 2138972	934 Representing:	State	Zip
	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEI	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 6 3 15	THE CITY COUNCIL'S DECORUM WILL BE		Council File No., Agenda Item, or Case No.		
I wish to speak before theGa	Name of City Agency, Depart			ā	
Do you wish to provide general pull Name: LSSI Ca Business or Organization Affiliation	tough	or against a proposa	al on the agenda	? () For proposal () Against proposal () General comments	
Address: 3167 Ro		LA	CA	90027 Zip	
Business phone: 323					
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFO	RMATION BELO	ow:	
Client Name:			P	Phone #:	
Client Address:	City		State	Zip	

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Date 6.3-15		OUNCIL'S RULES OF WILL BE ENFORCED.		5-0173
		E Cyng FED IC	,	water
Do you wish to provide general publing Mame: GEM TRO			oposal on the agenda	a? () For proposal Against proposal () General comments
Business or Organization Affiliation:				· · · · · · · · · · · · · · · · · · ·
Address: 4546 ST2	SPN .	City	State	91423 Zip
Business phone:	Represei	nting:		
CHECK HERE IF YOU ARE A PA			NFORMATION BEL	ow:
Client Name:	-			Phone #:
Client Address:Street		Citv	State	Zip