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Date 11/6/17	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	09-0234, 09-0234, or Council
Do you wish to provide general	public comment, or to speak for or against a proper	osal on the agenda? () For proposal
Name: APARN	1A BAKMLE	() Against proposal () General comments
Business or Organization Affiliat	tion: DIVEST LA	
Address:Street	City	State Zip
	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		

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Date 11/6/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the			vi Hee
	Name of City Agency, Department, Committee or C	Council	
Name: Michel	al public comment, or to speak for or against a proposal	on the agenda	a? () For proposal () Against proposal () General comments
Business or Organization Affili	ation: Divest LA		
Address: Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

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) (
Date b 17	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	e of City Agency, Department, Committee	09-02- e or Council 09-02	34-53
Do you wish to provide general public co	omment, or to speak for or against a pro	posal on the agenda? () For proposal
Name: Trinity Tran	Dinest LA	() Against proposal) General comments
Business or Organization Affiliation:	Drest 213		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW	/:
Client Name:		Pho	ne #:
Client Address:	City	State	Zip

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Y				
Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE CITY COUNC		Council File No	., Agenda Item, or Case No.
I wish to speak before the _	Name of City Agency, De		Council 09	0234-53
Do you wish to provide gen	eral public comment, or to speak	for or against a propos	al on the agenda	? () For proposal
Name:	avier Sarr	miento		() Against proposal () General comments
Business or Organization A	ffiliation: ACCE	CBB		
Address: Street	katherine Ave	Panorama	City CA State	91402 Zip
	Representing:			
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PI	ROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:			P	hone #:
Client Address:		16		
Street		City	State	Zip

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Date		OUNCIL'S RULES O WILL BE ENFORCED		ile No., Agenda Item, or Case	No.
I wish to speak before theI		cy, Department, Com		09-0234	P -5:
Do you wish to provide general put	olic comment, or to	speak for or against	a proposal on the ag	enda? () For proposal	
Name: Patr	ick	Smid	h	() Against propose () General comm	
Business or Organization Affiliation	ACCT	3, CB	B		
Address: 3637 Red	wood Ave	LA	CA	90066	
Street		City	State	Zip	
Business phone:	Represen	ting:			
CHECK HERE IF YOU ARE A F	PAID SPEAKER A	ND PROVIDE CLIEN	NT INFORMATION I		
Client Name:				Phone #:	
Client Address:		City	State	Zip	

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Date U J	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Rudget + France Co	mottee 0	Agenda Item, or Case No. + \$\frac{1}{3} \\ 9 - 0 \rightarrow 3 \text{ 4} - [3]
Do you wish to provide general Name: Business or Organization Affilia Address:	public comment, or to speak for or against a propertion:	oposal on the agenda? Ted HeBuc	() For proposal () Against proposal () General comments
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:	City	State	Zip

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Date 11 Le M	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		09-0234-53
Do you wish to provide general p Name: Business or Organization Affiliation	ACCT	osal on the agend	da? () For proposal () Against proposal () General comments
Address:			
Street Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 11 617	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC		Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co	1 1177	-0234-53
Do you wish to provide general p	public comment, or to speak for or against	st a proposal on the agenda?	() For proposal
Name: Georgette	Sharp		Against proposal General comments
Business or Organization Affiliati	on:		. ~
Address: Street	4 Dr # 331 LA	State	Zip
Business phone:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELO	w:
Client Name:		Pl	none #:
Client Address:			
Street	City	State	Zip

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Date Wish to speak before the	THE CITY COUNCIL'S FOR DECORUM WILL BE EN	FORCED.	69	enda Item, or Case No.
Do you wish to provide general public	comment, or to speak for or	against a proposal on the	e agenda? () For proposal
Name: Marta	LOYG		((Against proposal) General comments
Business or Organization Affiliation:	S. Giva	mittee fo	State	er Panks
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAIL		E CLIENT INFORMATION	ON BELOW:	
Client Name:			Phon	e #:
Client Address:Street	City	S	State	Zip

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Date 11-6-2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No. Agenda Item, or Case No.
I wish to speak before the	BUDGET & FINANCE COMMITTEE		09-0234-
Do you wish to provide general	public comment, or to speak for or against a prop	posal on the ager	nda? () For proposal
Name: JOANNE D	ANGANAN		() Against proposal () General comments
Business or Organization Affiliat	ion: CENTRAL CITY ASSOCIA-	TONS	
Address: 626 WIL	SHIRE BLVD. STE 850 L	A CA	90017
Business phone: 213.416	Representing:	State	Ζιp
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BE	ELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date 11-6-17		COUNCIL'S RULES OF WILL BE ENFORCED.		., Agenda Item, or Case No.
I wish to speak before the		Twence Corncy, Department, Committee of		
Do you wish to provide general p	ANIE			() Against proposal () General comments
Business or Organization Affiliati Address: 1303 J st Street 443	on: Califor	nia Bankers SACRAMENT	Assoc.	95615
Street 43 Business phone:	8-4420 Represe	City	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:			P	Phone #:
Client Address:Street		City	State	Zip

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Date		JNCIL'S RULES OF LL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
11/6/17	DECOROW WI	LL DE ENFORCED.		
I wish to speak before the	Name of City Agency,	+ Fl nance Con Department, Commit	AT L	9-02-34
Do you wish to provide genera	I public comment, or to sp	eak for or against a p	proposal on the agend	a? () For proposal
				(>) Against proposal
Name: PRE	~ Kuhns			() General comments
Business or Organization Affilia	ation: ACE	U	CA	9066 Zip
Street		City	State	Zip
Business phone:	Representin	g:		
CHECK HERE IF YOU ARE Client Name: Client Address:				Phone #:
Street		City	State	Zip

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Date 11/6/17	THE CITY COUNCIL'S DECORUM WILL BE	O HOLLO OI	File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depar	tment, Committee or Council	69-0234-53
Do you wish to provide ge	eneral public comment, or to speak for	or against a proposal on the ag	genda? () For proposal
Name:	2 Quan	10.11	() Against proposal (General comments
Business or Organization	Affiliation: //www. \	tally by	
Address:			
Street	City	State	e Zip
Business phone:	Representing:		
CHECK HERE IF YOU	ARE A PAID SPEAKER AND PRO	VIDE CLIENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:	City	y State	Zip

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Date NN 6 17 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council Ede No., Agerda Item, or Case No.
I wish to speak before the Name of City Agency, Department, Committee or Council 09+0334-53
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
Name: (Against proposal General comments
Business or Organization Affiliation:
Address: Street City State Zip
Business phone: Representing:
CHECK HERE IN THE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: TFW5 / IPA POLEV SIM Phone #:
Client Address: CHAIST City HH HState CH Zip 90000

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department Committee	89	oy, Agenda Item, or Case No.
Do you wish to provide general Name:	, , , , ,	osal on the agenda	a? () For proposal () Against proposal () General comments
Address:	,		
Address:Street	City	State	Zìp
Business phone:	Representing:		
	E A PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:			Phone #:
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