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

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Date 9/24/20/2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of	IA	, Agenda Item, or Case No.
*			
Do you wish to provide general pu	ublic comment, or to speak for or against a propos	sal on the agenda	() - 3
Name: FARBUE A	65An Rowfes		() General comments
Business or Organization Affiliation	n: Community Financial A	esoure	Center
Address: 4060 So. The	jaigava St. La	State 3	Zip
Business phone: 323-233-1	GOO_ Representing: OFC	•	
	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:		Ç	hone #:
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Client Address:Street	City	State	Zip

CITY OF LOS ANGELES SPEAKEN CAND
NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU
Date Council File No., Agenda Item, or Case No. DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. Farmers Field
I wish to speak before the Name of City Agency, Department, Committee or Council
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation:
Address: 150 South Olive CA 900/5 Street State Zip
Business phone: 213-858-623 Representing:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: David Merchaco Phone #:661.755.12
Client Address ISD South Olive CA 90015

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

City

Street

Zip

State

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, wente opean zerore me	Name of City Agency,	Department, Committ	ee or Cou	ıncil	•	
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Name.	-T0×	(//				
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Address: 297 N. Street Business phone: 626786	939 Representir	ig: IBEW	()	State	Zip	
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Date 9/24/2012	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Do you wish to provide general	public comment, or to speak for or against a proposi	
Name: Dece L)ILLARO	() General comments
Business or Organization Affiliat Address: Street	ion:	State Zip
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I wish to speak before the	D Hoc Cury ow Dex Name of City Agency, Department, Comm		_
σ	public comment, or to speak for or against a	proposal on the a	() Against proposal
Name: TOUCE L	LLARD		() General comments
Business or Organization Affiliati	on:		
Address: PO BO	031377 LA	20037	Zip
Street	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION	BELOW:
Client Name:			Phone #:
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Date 9/24/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the <u>AD</u>	HOC COMMITTEE	
N	Name of City Agency, Department, Committee	e or Council
Do you wish to provide general pub Name: Alan Kabaka	lic comment, or to speak for or against a pro	posal on the agenda? (For proposal () Against proposal () General comments
Business or Organization Affiliation:		14 0 00 11/
Address: 606 5, 01, ve St.	, Ste. 1026 Los Angeles C	A 90014
Business phone: 213 683 486	00 x 204 Representing: 940 S. Figi	State Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW:
Client Name:	· ·	Phone #:
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Business or Organization Affiliati	on:				
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Name: Tycs 1	112/1000			i de la companya de l	() General commo	ents
Business or Organization Affiliat	ion:				The state of the s	
Address: PO, BO	x 3/377	City	9203,	State	Zip	.,,
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CL	LIENT INFORMA	ATION BEL	LOW:	
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	CITY COUNCIL'S RULES OF ORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Name of Ci	ty Agency, Department, Committ	tee or Council
Do you wish to provide general public comments Name: Alay Kabaker	nt, or to speak for or against a p	roposal on the agenda? (>>) For proposal () Against proposal () General comments
Business or Organization Affiliation:	hana Inc.	
Address: 6065,0(ive SY., SY	e. 1026 Los Angeles	CA 90014
Street Business phone: 2(36434800 x 204 _R	Representing: 940 S. F	State Zip

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Date 964/2012	THE CITY COUNCIL'			, Agenda Item, or Case No.
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Name: JUYCE e)142med			() General comments
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Name	e of City Agency, Department, Com	mittee or Council	
Do you wish to provide general public of Name: Alan Kalarker Business or Organization Affiliation: Address: 606 5. Olive 51. Street Business phone: 213 693 4800 ×	Robhana, Inc. Ste. 1026 Los Angelo	a proposal on the agenda? (*) For propose (*) Against propose (*) General of (*) General of (*) State ** Zip	iupusai
Buomood phono.			
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Business or Organization Affiliation	n:				
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I wish to speak before the A	HOC COMMITTEE			
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Do you wish to provide general Name: Alan Kaba	public comment, or to speak for or against a	proposa	l on the age	enda? () For proposal () Against proposal () General comments
	ion: Robhana, Inc.			
Address: 606 5. Olive	St. Ste. 1026 Los Angeles	CI	1 900 State)/ <u>/</u>
Business phone: 2/3683	4800 × 704 Representing: 9405, F	ique	roa	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFOF	MATION E	BELOW:
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Business or Organization Affiliat		
Address: Po Box Street	31377 LOS	State Zip
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE (CLIENT INFORMATION BELOW:
Client Name:		Phone #:
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Date 9-24-12	THE CITY COUNCIL'S RULES OF	Council File No., A	genda Item, or Case No.
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I wish to speak before the	All-Hac	and the second s	:
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Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agenda?	For proposal Against proposal
Name: Treve !	-levis		() General comments
Business or Organization Affiliati	on: The Salvation Army (2 ommonity	Center
Address: 1532 W [[-	to Street LA	20015	CA
Street	81-3747 Representing:	Union Com	a und y
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	/: -
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Client Address:	: :		
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	mment, or to speak for or against a proposal o	
Business or Organization Affiliation:	Pobhana, Inc.	0
Address: 606 S. O(1 ve 54.) Street	Ste. 1026 Los Augeles CA City Pepresenting: 940 S. F16UZA	State Zip
	SPEAKER AND PROVIDE CLIENT INFORM	
Client Name:		Phone #:
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Do you wish to provide general public	comment, or to speak for or against a pro	oposal or	n the ager	nda? ⊭) For proposal () Against proposal
Name: Alan Kabake	4		*****	() General comments
Business or Organization Affiliation:				
Address: 606 5. Olive St.	Ste. 1026 Cos Argeles	CA	900	
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	D SPEAKER AND PROVIDE CLIENT I			ELOW:
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O	-	, ,	ł		
Business or Organization Affiliation Address: 17627 Vivg. Street Business phone: (562)868	inia Ave B	eth lower sity		CA State	90706 Zip
				MATION DELC	2007.
CHECK HERE IF YOU ARE A	A PAID SPEAKER AN	ID PROVIDE CLIENT	INFORI	•	
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Name: Alan Kabal			- () donoral sommer	
Business or Organization Affiliati	on: Robhana, Inc.			
Address: 606 S. 6	Dlive St., Ste. YOZG LOSA	Ingeles CA	900/4	
Street 7.13.643	11ve St., Ste. LOZG COSA City 4800×204 Representing: 940 5. Fi	WERDA	ΣΙΡ	
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Do you wish to provide general public comment, or to	o speak for or against a proposa	al on the agenda?) For proposal) Against proposal
Name: ATHY FARRAR - BUSIN	28 Community U) General comments
Business or Organization Affiliation: Los ANGO	JUB CORPS		
Address: 1020 So. Olive C	los Angelio	CA State	9015 Zip
Business phone: (2/3) 743-5/29 Represe	enting:	·	
CHECK HERE IF YOU ARE A PAID SPEAKER		RMATION BELOW:	
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Do you wish to provide general	public comment, or to speak for o	against a proposal	on the agenda?	(For proposal () Against proposal
Name:	Manu Wiest			() General comments
Business or Organization Affiliat	ion: United Way			
Address: 11505.01	u St LA	\ \\	State	90015 Zip
Business phone: Sbl-808-1	`			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFOR	MATION BELOV	w:
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Date 9/24//2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
1 Wish to speak belove the	Name of City Agency, Department, Committee	
Do you wish to provide general P Name: Alan Kabal	public comment, or to speak for or against a prop	oosal on the agenda? (<) For proposal () Against proposal () General comments
Business or Organization Affiliati	ion: Robhane, Inc.	
Address: 606 S. C	Olive St., Ste. YOZG Cos And City 940 5. F16	geles CA 900/4 State Zip
	A PAID SPEAKER AND PROVIDE CLIENT IN	
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Client Address:Street	City	State Zip

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EXCEPT TO THE EXT	TENT NECESSARY FOR THE PRESIDING OFF	FICER TO CALL UPON YOU
Date 9/24/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Nam	Hoc Comm. on Downtown ne of City Agency, Department, Committee	Stadius or Council
Do you wish to provide general public Name:	comment, or to speak for or against a propo	osal on the agenda? () For proposal () Against proposal () General comments
Rusiness or Organization Affiliation:	SHE VAN JUS BUD	P VICA GUID
Address: 5/2/ VAW Business phone: (\$18) 817- 054	Nuys BLVD. Ste. 208	State Zip
	O SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 9 /24/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or (Case No.
	ne of City Agency, Department, Committee		
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Name: Doug A	rsenault		comments
Business or Organization Affiliation:	UICA	the entropy to	<u> </u>
Address:	City	State Zip	AHAW JAMAN
Business phone:	1 - 1		<u> </u>
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:			
Street	City	State Zip	

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Mari	oublic comment, or to speak for or against a proposa	al on the agenda? () For proposal () Against proposal () General comments	
Name: Principal Pri	on: LA County Federation (of Labor, AFL-C/d	
Address: 2130 N.	James M. Wood Blva	State 7in	
Business phone:	Representing: LA WWTY	= 29	
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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Business or Organization Affiliation:	IC BUDING	TRAPES		
Address: 1626 Revers	y BLUD	State	Zip	
Business phone: 213 483 4222	Representing:	Siale	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		· · · · · · · · · · · · · · · · · · ·	Phone #:	
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1	public comment, or to speak for or against a prop	(/ / -9	proposal ainst proposal neral comments
Name: Koru wool	1/14 1054 Floralogo's A		neral comments
Business or Organization Affiliation	on: VALLEY ECONOMIC A	CIMPUCE	V 0 2
Address: 5/3/VA	N 10095 BKUD SHIFT MAN COSITY - 2000 Representing: BRAZD OF	State Zip	7 03
Business phone: 818379	- 1000 Representing: BOARD OF	BILLEGORS	
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 9/24/12	1	TY COUNCIL'S RULES C RUM WILL BE ENFORCE		Council File No.	Agenda Item, or Case No.
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Do you wish to provide general	public comment,	or to speak for or against	a proposal o	on the agenda	
Name: FRANK LOPEZ	2			·	() General comments
Business or Organization Affiliat	tion: LOS ANC	WENES AMEN CHAM	ben of a	commence	E
Address: 350 5. Bi				CA State	90017 Zip
Business phone: 213-58	0-7573 Rep	presenting:	<u> </u>		
CHECK HERE IF YOU ARE	A PAID SPEAK	ER AND PROVIDE CLIE	NT INFORM	NATION BELO	ow:
Client Name:			:	F	Phone #:
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Do you wish to provide general Name:	Dublic comment, or to speak for or against a propose	al on the agenda? (For proposal () Against proposal () General comments		
Business or Organization Affiliati	Daniel III	lerar Dees		
Address: 9190 Horr	2800 Representing: RULLING RAL	State Zip # 105		
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 9/24/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
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Name: Yhne WI	liams	() General comments		
Business or Organization Affiliat	ion: Clastral City ASSOCI	ation		
Address: 626 W	while Blod LA	State Zip		
Business phone: <u>2月6</u> 75	11213 Representing: Membersh	ip to the same of		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.

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