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CITY OF	LOS	ANGELES	SPEAKER	CARD

12

June 1,2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Dovn* T 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 propo	osal on the agenda? () For proposal () Against proposal
Name: Joith V	ee	() General comments
Business or Organization Affiliat	ion: <u>AADAP</u>	
Address: 5318 S. C.	RONSHAW BWD. L.A.	C.A. 90043
	-629 Representing: AADA	State Zip *
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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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6-1-11	THE CITY CO)F ∌ ੈ	Juncii File No.,		ITEM 12
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Do you wish to provide general	public comment, or to	speak for or against	a proposal on t	he agenda?		
Name: JAVIER	NUNEL		<u> </u>			nst proposal eral comments
Business or Organization Affilia	tion: <u> </u>	ers Loca	4300	····	~~~~~	
Address: Street	TTO OL	LOS ANGO	4/ <u>4.5</u>	Cr. G	<i>Sj 5</i>	53. C
Business phone: <u>2/3) 2/6</u>						
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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 on the agenda?	() For proposal
Name: JULIA ROBINS	IN SHIMIZU	1	() Against proposal () General comments
Business or Organization Affiliation:	NAMI-SEV NA	TIONAL ALLIA	VCE ON
Address: 2334 EMELITAT	NOATH HOLIG	LINN _ CA _	9/607
Business or Organization Affiliation:	City 7 790 Representing: NAM1 - S	State State	Zip
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,	public comment, or to speak for or against a proposa	ti on the agenda? () For proposal () Against proposal
Name: ACEJAN	DRO LEON_	() General comments
Business or Organization Affiliat	tion: <u>VICTORY OUTREACH</u>	(11,77.
Address: //213 Hz	FRICIC AVE. PACCIONA	CA . 5/33/ State Zip
Business phone: 31x 364	8000 Representing: ALEJANDIO	ceon
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Business or Organization Affiliation	on: Victo	un othe	ACA	
Address: 13727 F	TOOTHILL	BLUD. Surce	SV/JVAVI	<u>CA. 9/342</u>
Business phone: 318 270		•		Σip
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Do you wish to provide general public comment, or to speak for or against a proposa	I on the agenda? () For proposal
Name: Steve Martinez	() General comments
Business or Organization Affiliation:	2
Address: 4 13782 Street Blue, Sylpan,	(7), 9/3/2 State Zip
Business phone: Street Street City Representing: Street Street Street Representing: Street Street Street Representing: Street St	State Zip
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Name: 54 66	N PIERCE			() Against proposal () General comments
Business or Organization Affiliat	tion:			
Address: 7745 T	ExhomAtve	NORTHRIDOE-	C A State	9/325 Zip
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Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda? $(\stackrel{\star}{ extstyle })$ For proposal	17
Name: Pauline Ro	aerS	() Against prop () General com	
			-
Business or Organization Affiliat	ion:		
Address: 17436 L.L	11 St. Northride	CA 91325	<u> </u>
Street Business phone: 818-157.1	998 Representing: Self - Nord	State Zip Nouhard Walter	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:	
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Do you wish to provide general public co	omment, or to speak for or against a p	proposal on the agenda? (>) For proposal
Name: Michele (011)	24	() Against proposal () General comments
Business or Organization Affiliation:		
Address: 101916khowu		CH 9/325
Business phone:	City Representing:	State Zip William
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Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda? (X) For proposal
Name: Valerie	Nott	() Against proposal () General comments
Business or Organization Affilia	tion:	
Address: 17550 Street	agg St. Northridge City O-10431 Representing: <u>Self and</u>	<u>CA</u> 91325 State Zip
Business phone: 818-200	0.043 Representing: <u>Self and</u>	neighborhood watch
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Do you wish to provide general pu	blic comment, or to speak for or again	nst a proposal on the agenda? () For proposal
Name:		() Against proposal () General comments
Business or Organization Affiliation	n: Law Office of Ki	Real CA 90053
Address:	30x 41580 10	my beach CA 90053
Business phone: Street		State Zip
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I wish to speak before the	Name of City Agency, Department, Com	nmittee or Council
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agenda? () For proposal
Name: JETT (HRISTENSEN)	(X) Against proposal () General comments
	ion: SORIR LIVING N	ETWORK
Address: P.O. Box	(5235 SANTA MODICITY	WICA CA 90409 State Zip
Business phone: <u>310 -924</u>	7/55 Representing: SOSLAC	LIVING METWOCK
	A PAID SPEAKER AND PROVIDE CLIEN	
Client Name:		Phone #:
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Name: DAVIDS	SHERIDAN		() General comments
Business or Organization Affiliat	tion: THE SOBER UVING	100 7200	12/5
Address: PO.Bo	x 5235 SANTA MOUTE	A CA	70407
	• •	State	Zip
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Business phone: Representing:	
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June 1, 2011		#12	la Item
	LA City Counc)	
I wish to speak before the	Board of Public Works		
Do you wish to provide general	public comment, or to speak for or against a pro	posal on the agenda? () For proposal
Name:	HOOVER	(X	Against proposalGeneral comments
Business or Organization Affilia	ution: 1 A Coreltus & Co	d the gove	d Homellasina
Address: <u>Fmanu</u>		Wilson 194	17-76-1
Street	City	State '	Zip
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Date 6-1-2011	THE CITY COUNC		Council File No.	., Agenda Item, or Case No.
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Do you wish to provide general	public comment, or to speak	c for or against a proposa	ıl on the agenda	
Name: HEATH	er shiel			() Against proposal () General comments
Business or Organization Affilia	tion: SELF /	PESIDELLT		
Address: 6917 EN	IFIELD AVE	RESEDA	State	9335
Business phone: 323 (4)			Otato	·
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	RMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:		City	Ctata	71
38668		Gity	State	Zip

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

Council File No., Agenda Item, or Case No. #11-0262

I wish to speak before the	CITY COUNCIL	-	
Name of Ci	ity Agency, Department, Comm	ittee or Council	•
Do you wish to provide general public comme	nt, or to speak for or against a		posal t proposal
Name: TRINA PATE			al comments
Business or Organization Affiliation:	COALITION FE	OR NEIGHBORHOOUS	
Address: <u>374 Maskingur</u> Street	AV PACIFIC,	PALISADES CA 902	1/2)
Street Business phone: 3/07/03220 R			
CHECK HERE IF YOU ARE A PAID SPEA	KER AND PROVIDE CLIENT	INFORMATION BELOW:	•
Client Name:	MARALES I.A.	Phone #:	
Client Address:Street	City	State Zip	***************************************

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I wish to speak before the	<u>A. ひ. 七. Coonerl</u> Name of City Agency, Department, Committee o	or Council	
Do you wish to provide general	public comment, or to speak for or against a propo		
Name: Aucille D'A.	mico	() Against prop () General con	
Business or Organization Affilia	tion: L.A. Costition for Morgi	ibodo ods	
Address: 541 \\105K	inaum Ave. Pacific Palisa	DES CA 90372	·
Oliteet	City 2 - 3 2 2 6 Representing:	State Zip	
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Council File No., Agenda Item, or Case No.

I wish to speak before the	Council	·	·
, <u> </u>	Name of City Agency, Department,	Committee or Council	
Do you wish to provide gen	eral public comment, or to speak for or aga	inst a proposal on the agend	
Name: Rob	Kornet		() Against proposal () General comments
Business or Organization A	oris Eleva		
Address: 2701	Media cente by	LA CA	90065
Business phone: 323	-342-4525Representing: 871	S	
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•	DelMal DoelMal Department, Committee of City Agency, City Agency, Department, Committee of City Agency, City Agen		
Do you wish to provide general pub	lic, comment, or to speak for or against a propos	sal on the agenda	? () For proposal
Name: Ma	oysl		() Against proposal () General comments
Business or Organization Affiliation:			
Address: Street	City	State	Zip
	Representing: 5700	Slate	<u>دا</u> ب
	AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	ow:
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Name: Rebe	eca Lori		() Agains () Genera	at proposal al comments
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Date 6 -1 - 11	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 Name of City Agency, Department, Committee	ee or Council
	public comment, or to speak for or against a pr	
Name: FRED A	JAKAMURA	() Against proposal () General comments
Business or Organization Affiliat	ion: NEighborhood	LEGAL SERVICES
Address: 13327	VAN NUYS Blud	PACOIMA CA 91831
Business phone: Street	JAKAMURA ion: NCICAborhood VAN NUYS Blud 28-8288 Representing:	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
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t wish to speak before the ACITY CONCI		
Name of City Agency, Department, Committee or	or Council	
Do you wish to provide general public comment, or to speak for or against a propose		
Business or Organization Affiliation: Community Rembilited	tion Services Inc	
Address: 47110 E. Cesar E. Chavez Los Ainats	CA 9002Z	
Street City) Business phone: 323 2(000 PRepresenting:	State Zip	
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Name: SRI PANC	*	(Against proposal () General comments
	DISABILIN RIGHTS	LEGAL CENTER
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I wish to speak before the	Name of City Agency, Department, Committee	or Council
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Name: KHANH	TRAN	() Against proposal () General comments
Business or Organization Affiliati	ion: DISABILITY RIGH	13 LEGAL CENTER
Address:Street	City	State Zip
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Name: SHAWN	GABRICE	(Against proposal) General comments
	tion: DISABILITY RIC	HTS LEGA	CENTER
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Do you wish to provide general Name: Janet Tur	public comment, or to speak for or against a propos	· · · · · · · · · · · · · · · · · · ·
Business or Organization Affiliat		
Address: PO BOX	1131 PACIFIC PALISAde	State / Zip
Business phone:		MATION BELOW:
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Client Address:Street	City	State Zip

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Date 6- /-//	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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I wish to speak before the	Name of City Agency, Department, Commit	tee or Council
Do you wish to provide general	public comment, or to speak for or against a p	roposal on the agenda? (For proposal
Name:	LONFRACE	() Against proposal () General comments
Business or Organization Affiliat	ion: 111-64/st person as A	is of Englished and State
Address: 53060//62	1000 1000 1000 1000 1000 1000 1000 100	State Zip 7736*
Business phone: 8/8.34/4	See Representing: 4/15/67/202	Who yo
	A PAID SPEAKER AND PROVIDE CLIENT	
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Name: DAY	LO RELO	() Against proposal () General comments
Business or Organization Affiliation	on:	
Address: 926	N VISTA HOLLYW	State Zip
Business phone: 213 999	8463 Representing: <u>숙선</u> 도	PROPERFY CONNER
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Sileet	О цу	State Zip

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I wish to speak before the	Name of City Agency, Department, Con	nmittee or Council
Do you wish to provide general p	ublic comment, or to speak for or against	a proposal on the agenda? () For proposal
Name: Landar	white	() Against proposal () General comments
Business or Organization Affiliation	on: Coup. Supporting	+60 6134
Address: Street	Figuroa Dd ,	96017 State Zip
Business phone: $313-623$	•	
•	PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	Chato
Sueet	City	State Zip

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

Date 6 () / \	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1	Agenda Item, or Case No.		
I wish to speak before the Nam	e of City Agency, Department, Committee or	Council			
Do you wish to provide general public of Name: Anna Lauror	nomment, or to speak for or against a proposa	al on the agenda?	() For proposal () Against proposal () General comments		
Business or Organization Affiliation:	Public Counsel	- J			
Address: $\frac{600 \text{ G} \times \text{A}}{\text{Street}}$ Business phone: $\frac{213-385}{3}$	City Representing:	State	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Address:		^`Ph	one #:		
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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Date June, 20	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE) -	ncil File No.) Agenda	a Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Con	mmittee or Council	n #6)	76.	
Do you wish to provide general p	public comment, or to speak for or agains	t a proposal on the			
Name: RABEYA	BE N		· ·	Against proposal General comments	
	on: PROTOTYPES /	87.AR. L	louse		
Address: 6211 SANTI	MONICA BLUD, LOS A,	UGELES C	$\frac{2A}{9}$	738 <u> </u>	
Business phone: 323	4 MONICA BLVD., LOS A., City 444-68 Representing: TRUTOT	WER .	rate 2		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #	!	
Client Address:					
Street	City	S	tate Z	Zip ,	

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

Date 6-1-2011	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	public comment, or to speak for or against a propo	sal on the agenda? () For proposal () Against proposal
Name: Autumn Elli	ott	() General comments
	tion: Disability Rights Californ	
Address: 3850 Wyshat	CBIVE Superal Los Angeles,	CA 90010 State Zip
	9-4947 Representing: See letter Si	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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.

Date			Agenda Item			
I wish to speak before the	Board of Public Works) N. V.			
Do you wish to provide general publi	c comment, or to speak for or	against a proposal on t	he agenda? (
Name: Barbara	Schultt			Against proGeneral co		
Business or Organization Affiliation:	Lecal Aid F	ondulian of	Los A	100 VII	· · ·	
Address: \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8 D St		90) \ }) \ }		
Street	City		State	Zìp	***************************************	
Business phone: 38	글 Bepresenting:				-	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CI	LIENT INFORMATION	BELOW:	1		
Client Name:			Phone	# :		
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Street	City		State	7in		

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1 # 1 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before theName	of City Agency, Department, Committee	or Council	
Do you wish to provide general public co	mment, or to speak for or against a propo	osal on the agenda	
***************************************			() Against proposal () General comments
Business or Organization Affiliation:	ld. Guns La Hills Readule Coup	GHSWC Law	1 Use Commission stablish
			the link
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:			Phone #:
Client Address:Street			

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Date (p-1-201)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No. 2 ぱ た
I MISH to shear belote the	lame of City Agency, Department, Committee of	or Council	
Do you wish to provide general publ	ic comment, or to speak for or against a propo	sal on the agenda	? (※) For proposal
Name: Leslie Broom	chu \	-	() Against proposal (X) General comments
Business or Organization Affiliation:			0.2011
Address: 113015h05	hone Ave Granada Hills		91344
Street Business phone: $818723-8$	S48 Representing:	State	Zip
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 6/1/11		COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the		ency, Department, Committe		
Do you wish to provide general		to speak for or against a pro	posal on the agenda?	(>) For proposal
Name: DAVE BO	AUNT			Against proposal General comments
Business or Organization Affilia	tion: GRANADA	Hills SOUTH N.C	:	
Address: 17515 Hozako	£ 57.	GRANIA Hous	· CA	91344
Address: 17515 Hozarca Street Business phone: 918-634-	<i>1511</i> Repres	City senting:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT IN	NFORMATION BELOW	/ :
Client Name:	-		Ph	one #:
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case N	о.
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I wish to speak before the		longe		
		, Department, Commit	tee or Council	
Do you wish to provide gener	al public comment, or to s RNOCO SACHY			() For proposal () Against proposal () General comments
Name:	KCWOCT ALLOTE)	N.	***************************************	() Conordi commonio
Business or Organization Affi	liation:			
Address:Street		Lernox !		
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Business phone:	Representi	ing:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AN	ID PROVIDE CLIENT	INFORMATION BELOW	/ :
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Client Address:		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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Date	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 o	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	
Business or Organization Affilia		(L) Against proposal () General comments I ANBS ON EN AL HEA
Address: Stroot	Holf Los Angells	<u> </u>
	88.6//3Representing: NAMI WE	3 (S1)x (A)
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
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Date 6-1-2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Councy // 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	
Name:	JESSTEA DUMONT	() Against proposal () General comments
	on: Community KIDS SOO	RER LIUTUR
Address: Street	6644 LANKER SHIM 1	VO 40 CA 9/606
Street Business phone:	City Representing: 50BER CTV	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION 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.

Date 6-1-2011	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 o	r Council
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda? () For proposal
Name:	YVONAF JOHNSON	(Sc) Against proposal ,() General comments
Business or Organization Affiliation	tion: SOBER LIVING	
Address:	6644 LANKERSHIM NO	40 CA 9/6068
Street Business phone: Street	City 85627/Representing: <u>5ヵ6次</u> はい	State Zip
\$	A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:		Phone #:
Client Address:Street	City	State Zip
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Date 6-1-2011	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	Council
Do you wish to provide general pu	ublic comment, or to speak for or against a propos	
Name:	RAULIVUMONTO	Against proposal () General comments
	on: <u>Sober Living</u>	
Address:	6694 LANKER 545M NO	HOCA 91606
Business phone: Street	Sepresenting:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address: Street	City	State Zip

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Date	
	6-1-2011

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

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

I wish to speak before the	COUNCE	7		
,	Name of City Agency, D	epartment, Committee	or Council	
Do you wish to provide general p		y 20g		() For proposal
Name:	RYSTAL	KENDALL		Against proposal General comments
Business or Organization Affiliati	on: <u>51888 (</u>	MANG		<u> </u>
Address:	6644 CAN	KERSYTM 1	WHA CAS	7/506
Street Business phone: \$\frac{767}{267}\$				Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND I	PROVIDE CLIENT INF	FORMATION BELOW	/:
Client Name:			Ph	one #:
Client Address:		Cit.	OA-1-	
Street		City	State	7in

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June 1, 2011	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	OF	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co	ommittee or Council	
Do you wish to provide general put	olic comment, or to speak for or again	st a proposal on the agen	da? () For proposal
Name: BEVERLY KER	workfy		Against proposal () General comments
Business or Organization Affiliation	CA Chamber		
Address: 3505.1	Sixel City	A State	90017
	53 Representing:	Man box	Zib 1
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CL	ENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address: Street	City	State	Zíp

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Date 6/1/11	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	······································		
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda? () For proposal		
Name:	BLINKY KODRIG	(>) Against proposal () General comments		
Business or Organization Affiliat	ion; (NAMUNITIES IN SEX	0015		
Address: 13367 A /	dergrove St Sylmor	Ca 91342_		
Street	.9399 Representing: DWMU41+1	State Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:	en e			
Street	City	State Zip		

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Date ()	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 Nam	e of City Agency, Department, Committee or	Council	· · ·
Do you wish to provide general public c	omment, or to speak for or against a proposa	al on the agenda	? () For proposal
Name: Scott Ward			() Against proposal () General comments
Business or Organization Affiliation:	iberty Have		
Address: $\frac{10573}{\text{Street}}$ $\frac{10.27}{\text{Street}}$	10 Blud DA 90004		
Street Business phone: 100 404- 201	△	State	Zip
business priorie. Not interest confi	Trepresenting.		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:	- Production of the State of th		Phone #:
Client Address:	**		
Street	City	State	Zip

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Date (A)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	e of City Agency, Department, Committee or	Council
INGILI	e of Oity Agency, Department, Commisses of	Odrica
Do you wish to provide general public c	omment, or to speak for or against a propose	al on the agenda? () For proposal () Against proposal
Name: LA VIY	4-Hxell,	() General comments
Business or Organization Affiliation:	Liberty House	·
Address: 10673 //	1. Vich BL. L	7 90064
Business phone: 310-211-30	PARepresenting: Solv	State ^f Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
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Street	City	State Zip

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No.	1

Date 6/1/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	I wish to speak before the				
Do you wish to provide general	public comment, or to speak for or against a proposa				
Name: Dean 1	lakanishi	('-') Against proposal () General comments			
Business or Organization Affiliat	ion: AADAP, I've				
Address: $\frac{2900}{\text{S.Creenchow Blvd, LA}} = \frac{\text{CA.9008}}{\text{State}}$ Business phone: $\frac{\text{Street}}{\text{S.S.Composition}} = \frac{\text{City}}{\text{Representing:}} = \frac{\text{City}}{\text{Addap}} = \text{Ci$					
Business phone:	3-62 Representing: Addap	State Zip			
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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Date 6	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	
	public comment, or to speak for or against a propos	
Name:	Waternate	(() Against proposal () General comments
Business or Organization Affiliat	tion: AADAT To	C
Address: 2900	G. B. Crandraw Bl	CH CA 90018
Street Business phone:	G. G. Crevislaw (S) City Representing:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date (e/1/2011	THE CITY COUNCIL'S R DECORUM WILL BE EN		Council File No., A	genda Item, or Case No.
I wish to speak before the	<u> Náme of City Agency, Departm</u>	ent, Committee or Co	ouncil	
7.8° A	public comment, or to speak for or	against a proposal o	n the agenda?	() For proposal (L) Against proposal () General comments
*	tion: LDS ANGLES	Homeless	Smile	
_	#	es Augus	State	Zip
Business phone: 2/3-683				and P
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	E CLIENT INFORM	IATION BELOW	/ :
Client Name:	· · · · · · · · · · · · · · · · · · ·	·····	Pho	one #:
Client Address:Street	City		State	Zip

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Date June 1 2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Agenda Item, or Case No.
ਹੇਠਲਿੰ- 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 proposi-	al on the agenda	? () For proposal
	er Loneli		() Against proposal () General comments
Business or Organization Affilia	· · · · · · · · · · · · · · · · · · ·		
·	crenshaw Blud Los Hngeles	CA State	90043 Zio
Business phone: (923) 29	3-6291 Representing: <u>A.A.D.A.P</u>	State	ZIP
	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:			Phone #:
Client Address:	·		
Street	Citv	State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

Date 6-1-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Do νστ- I wish to speak before the	Name of City Agency, Department, Committee of	or Council
Do you wish to provide general	public comment, or to speak for or against a propo	
Name: Levil Mis	1 and 0	() Against proposal () General comments
Pusinosa or Organization Affiliat	in AADAP	
Address:	S. Crenshaw Blud Los Angele	05 CA 90043
Street Business phone: $(323)763$	6291 Representing: AADAC	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 6/1/11	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	6 OF 11_/	o., Agenda Item, or Case No.
t-wish to-speak-before the	/ dant wish to spe Name of City Agency, Department, C		<u>al</u>
Do you wish to provide general p	public comment, or to speak for or again	nst a proposal on the agend	a? () For proposal
Name: <u>Branzer</u>	meno		(V) Against proposal () General comments
Business or Organization Affiliation	on: A.A.D.A.P		
		s #CA;	90043
Business phone: (323)293	Venshow Los Angele. 3-6291 Representing: 4	A.D.A.P.	Zip
_	PAID SPEAKER AND PROVIDE CL		ow:
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.

Date 6	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, Committ	ee or Council
Do you wish to provide general pu	blic comment, or to speak for or against a pr	roposal on the agenda? () For proposal
Name: Andrea	uaveHa	(Against proposal (General comments
	n: Western Center on	Law & Moverty
Address: 3001 WAShire	2 BIND SINTE ZOE CA	ca galo
Business phone: 213 23 5 76	City Pepresenting: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	me tencents
*:	PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
Client Address:	7	
Street	City	State Zip

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Date Collins	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departr	nent, Committee or		·
Do you wish to provide general p	• •	* .	=	? () For proposal () Against proposal
Name:	enz-			() General comments
Business or Organization Affiliati	on: Victori	Outeach		
Address: 2333	W. Ave LA	CA	900 State	×65
Business phone: 323-344-	には <u>には</u> Representing:	Victa	J Ont	Zip
Address: 2333 W. Ave LA 90065 Street City State Zip Business phone: 323-344-1583 Representing: U.C. (Ontion of the Company of the Check Here IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	F	Phone #:
Client Address:Street	City		State	Zip

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Date 6-0(-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	· · · · · · · · · · · · · · · · · · ·
I wish to speak before the	Name of City Agency, Department, Commi	nittee or Council
Do you wish to provide general pr	ublic comment, or to speak for or against a p	proposal on the agenda? () For proposal
Name: <u>Chancela</u>	AI-Mansour -EX	(FCUL)Vr DVr (Vr () General comments
Business or Organization Affiliation	on: The Housing Rig	ants Center
Address: 562	So. Vivail Ar two. L	A 90020
Street Business phone: 23387-8	So. VIVGIN AZ FOO, CAN Y SO Representing:	State Zip
	PAID SPEAKER AND PROVIDE CLIENT	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 06-01-11		7	Agenda Item
	•		
I wish to speak before the	Board of Public Works	<u> </u>	
Do you wish to provide general po	· _	against a proposal on the age	
Name: JOHN O W	HMAKER, JR CH	HC	Against proposalGeneral comments
Business or Organization, Affiliation		ATMENT CH	**
Address: 180460	KNAND St. TARZ	ANA, CA 91356	
Street	City	State	Zip
Business phone:	Representing:		:
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOV	v:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zìp

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Date 6/1/31	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Commit	4	^
Do you wish to provide general	public comment, or to speak for or against a p	roposal on the agend	da? (S) For proposal
Name: Barbar	a Broide		() Against proposal () General comments
Business or Organization Affiliat	tion: Westwood G	y sm	Blyt
Address:			
Street	. City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE	LOW:
Client Name:			Phone #:
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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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Date 6 / 1 / 1 1	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	public comment, or to speak for or against a proposi-			
Name: 6 ///	Foster .	() Against proposal () General comments		
· ·	Chains ox Love Soper IIVIN	9 4		
Business or Organization Affiliat	tion: Chains of Love Sober 1/1/12	9 11		
Address: 3920 MOXT	on Ave LA	1 CA 90018 CA 90008		
Business phone: (23) 5	33-5304Representing: LA, COUNTY	Sober living Contition		
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.

Date < 6-/-1/	THE CITY COUNC		Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Sa Wilson Name of City Agency, De	D Los Appartment, Committee or C	ouncil	A Council
Do you wish to provide general	oublic comment, or to speal	for or against a proposal	on the agend	a? () For proposal
Name: Sal W	ulson			(水) Against proposal () General comments
Dusings or Organization Affiliat	ion: Self		:	:
Address: 149 W	2214 St	L.A. CA.		90007
Address: 449 W Street Business phone 213 214	-6675 Representing:	City Self	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			· · · · · · · · · · · · · · · · · · ·	Phone #:
Client Address:Street		City	State	Zip
Sileet		Ony	State	Zip

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

Date 6/1/11	THE CITY COUNCIL'S R DECORUM WILL BE EN		Council File No., Agend	da Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	ent, Committee o		
ATT PRINTED AND PRINTED	oublic comment, or to speak for or	r against a propos	al on the agenda? ()	For proposal Against proposal
Name:	Codden Ston		()	General comments
Business or Organization Affiliat	ion: A CUNTY WOSUNS City City	Solver Dl. A	LIVING COO	1 think
Address: Stroot	(U) City	D100.	State	7 / 0000 7in
Business phone $310-59$	1-06 Representing:		Otate	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone	#:
Client Address:Street	Gity		State	Zip

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Date (d) (1)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No お12	., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Commit	ttee or Council		
Do you wish to provide general	public comment, or to speak for or against a p	roposal on the agenda		
Name: Terrance H	lenson		(√) Against proposal () General comments	
Business or Organization Affiliat	tion: CALIF			
Address: 634 5. 5	prins St. LA	CA	90014	
Business phone: Street (213) U27	1000000000000000000000000000000000000	State J Community	Zip	
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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Date G	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ager 井 12	nda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council		
	public comment, or to speak for or against a pro	posal on the agenda? () For proposal) Against proposal	
Name: Cynde Soto) General comments	
Business or Organization Affiliat	tion: CALIF			
Address: 634 5. 59	ive st. LA	CA G	0014	
Business phone: (1/3) 627	ring St. LA City O477 Representing: Disability	State ty Commissify	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone	e #:	
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 (1/30/1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	
I wish to speak before the	Name of City Agency, Department, Com	mittee or Council
Do you wish to provide gene	eral public comment, or to speak for or against	
Business or Organization Af	filiation:	
Address: Street	S. BRAND BLUD City	GLENIONIC CH TIDOY State Zip.
Business phone:	Representing:	·
CHECK HERE IF YOU AF	RE A PAID SPEAKER AND PROVIDE CLIE	NT 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.

Date		NCIL'S RULES OF L 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 (oublic comment, or to spe	eak for or against a prop	osal on the agenda?	
Name: Michael	Leune	•		() Against proposal () General comments
Business or Organization Affiliat	ion:	,		
Address: 1023 Berr Street	redict Cm	Boverly Hil	ls CA	90210
Street		City	State	Zip
Business phone:	Representing	g:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT INF	FORMATION BELOV	V:
Client Name:		-1-2-2-1	Ph	one #:
Client Address:Street		City	State	Zip

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Date 6/11/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the LOS MIVOLES CITY COVIVEIL Name of Ofty Agency, Department, Committee or Council				
	comment, or to speak for or against a proposa			
Name: DEAN W	LUCAS	() Against proposal () General comments		
Business or Organization Affiliation:				
Address: 2352 (5V)	ENTRY CIR FULLERIE	SINCAL 22735		
Business phone: $\frac{31821334}{21821334}$	City Representing:	State Zip		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:		
Client Name:		Phone #:		
Client Address: Street	City	State Zip		

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L L (I (ZAI)	COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	my Canci (ency, Department, Commi	ttee or Council
Do you wish to provide general public comment, or to		
Name: Jeff Sylvanus		(<) Against proposal () General comments
Business or Organization Affiliation:	·	
Address: POBox 7693	City:	State Zip
Business phone: 323-335-88-33 Repres		·
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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Date 5 Une 1-2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theN	On City Agency, Department, Committee of	or Council
Do you wish to provide general publ	ic comment, or to speak for or against a propo	sal on the agenda? () For proposal
	ianpour	
Business or Organization Affiliation:	None	
Address: 202811 Love	None 112ang woodlend Hill City	State 7/364
	Representing:	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card for in	mportant information and submit this entire car	d to the presiding officer or chairperson.

Date Jude 1, 201	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda II	tem, or Case No.
I wish to speak before theName	of City Agency, Department, Committee	or Council	
Do you wish to provide general public co	omment, or to speak for or against a prop		
Name: Shee Shee		(\ 0	jainst proposal eneral comments
Business or Organization Affiliation:/	NONE		
Address: 6543 Kenwas	rce lye West ////s	913 State 713	307
Business phone:		State Zip	
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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Date June 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the LAC	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	
Name: Shakon Holla	NDER		() Against proposal () General comments
Business or Organization Affiliat	ion:		
Address: 5674 To Street	ampa Tarzona City D	CA State	91357
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

Date - -	THE CITY COUNCIL'S RULES OF	Council File No., Aç	jenda Item, or Case No.
01.1	DECORUM WILL BE ENFORCED.	1 4	
	में -		
I wish to speak before the	144 Council		
	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general	public comment, or to speak for or against a prop	oosal on the agenda? () For proposal) Against proposal
Name: Lauren M	yers	. () General comments
Business or Organization Affiliat	ion:		
Address: <u>8762</u> E	Hiwanda Ave #12 North/	idae CA	91324
Street	City		Zip
Business phone: 818-4-99	<u>1 / パのナ</u> Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW	
Client Name:		Pho	ne #:
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	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
	public comment, or to speak for or against a propo	() Against proposal
Name:	012501	() General comments
	tion: Harvist House	
Address 6227	Masnigue Actions City 5 1990 Representing: 100 suppor	CA 9/47
Street	City	State Zip
Business phone: 58 30	5 /990 Representing: 104 Autorio	<u> </u>
	A PAID SPEAKER AND PROVIDE CLIENT INF	
Client Name:		Phone #:
Client Address:	City	State Zip
	Oky	Otate Zip

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	NCIL'S RULES OF L BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Department, Committ	ee or Council	
Do you wish to provide general public comment, or to sp	eak for or against a pr	oposal on the agenda?	? () For proposal () Against proposal () General comments
Business or Organization Affiliation: AEOALE IN	Arwar Ess, In	' <	
Address: 761 S. MARIDOGA AVE #105	L.A.	C/A State	9:005
Business phone: 213) 384-6689 Representing			
CHECK HERE IF YOU ARE A PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BELO	W:
Client Name:		P	hone #:
Client Address:	Citv	State	Zip

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