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EXCELL 10 1	THE EXTENT REGEOGRAM FOR THE FILESIBING OF	TOLIT TO OALL OF	
6-16-2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. 11-0329 - SI2
I wish to speak before the	Town postation Committee of Name of City Agency, Department, Committee of		
Name: PATRICE  Business or Organization Affiliati	public comment, or to speak for or against a proposition:  Los angulas Staectar,  BROADWAY P.H. Los Ma	Inc. (LASI	Against proposal     General comments
Business phone: 213-361	-5312—Representing: USS		
Client Name:	A PAID SPEAKER AND PROVIDE CLIENT INF		w:
Client Address:Street	City	State	Zip

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Date 6/16/2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	11-0.	No., Agenda Item, or Case No.
	ansportation Con		2
Na	ame of City Agency, Department, Committee or	Council	
Name: Robert Reg	c comment, or to speak for or against a proposa	al on the agend	da? For proposal  ( ) Against proposal  ( ) General comments
Business or Organization Affiliation:	) / 2 / 10		C 2 6 7 /
Address: 3523 Creek	estmont Ave LA	State	90014 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip



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EXCEPT TO THE	EXTENT NECESSART FOR THE PRESID	JING OFFICER TO CALL O	JEON 100
Date 6-/6-/5	THE CITY COUNCIL'S RULES ( DECORUM WILL BE ENFORCE		No., Agenda tem) or Case No.
I wish to speak before the	T - Committee  Name of City Agency, Department, Cor		
Do you wish to provide general put	olic comment, or to speak for or agains	t a proposal on the agend	da? (>) For proposal
Name: STeve	Needleman		( ) Against proposal     ( ) General comments
Business or Organization Affiliation	LASI		
Address: 850 So	BROADWAY ZA		90014
Business phone: 213 626 5	BROADWAY ZA City SZI Representing: 57/	State	Zip
	PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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EXCELL TO THE	EXTERN REGEOGRAM FOR I	12		
Date Of Co	THE CITY COUNCIL'S DECORUM WILL BE		Council File No., A	genda Item, or Case No.
	Name of City Agency, Depart	ment, Committee or Co	ouncil	
Do you wish to provide general pub	lic comment, or to speak for	or against a proposal	on the agenda?	For proposal
Name: Russell By	ley			Against proposal     General comments
Business or Organization Affiliation:	various /	Reche		
Address: Sen. W. Well	youd Way	*409 Be	elkark	CA-81505
Bueiness phone: 213-99	Representing:		State	Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROV	IDE CLIENT INFORI	MATION BELOW	<b>/</b> :
Client Name:			Pho	one #:
Client Address:				
Street	City		State	Zip

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/ /			
Date 6/15/5	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	, 0,	e No., Agenda Item, or Case No.
I wish to speak before the _	Name of City Agency, Department, Co	•	
Do you wish to provide gen	eral public comment, or to speak for or again		nda? For proposal ( ) Against proposal ( ) General comments
Business or Organization Affactor Address: 655	ffiliation: None S. Hope St Apt 1705	LA CA	90017 Zip
Business phone:	Representing:		
CHECK HERE IF YOU AI	RE A PAID SPEAKER AND PROVIDE CL	IENT INFORMATION B	ELOW:
Client Name:			_ Phone #:
Client Address:Street	City	State	Zip

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Date 50Ne 16, 2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		., Agenda Item, or Case No.
	ame of City Agency, Department, Committee o		
Name: CMRISTOPHER			( ) Against proposal ( ) General comments
Business or Organization Affiliation:	DOWNTOWN LOS ANCRES	DeiGNBOR	CHIDO COUNCIL
	5 Noveres St Los Anbece City		
Business phone: 202 53) 2	266 Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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EXOLITIO	THE EXTENT NEOLOGART FOR THE TREGISTRO		
Date 6-16-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	ansportation Committee		
	Name of City Agency, Department, Committee	e or Council	/
Name: Do you wish to provide general Name:	public comment, or to speak for or against a proman  man  ion: Trans: + Coalition  Sylman	posal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
Dubinious of Organization / timat	5Y /	CA	
Address:Street	City	State	Zip
	Representing:	State	Z.Ip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip