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

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Date 5)/4/13	THE CITY COUNCIL'S RULES OF THE CITY COUNCIL'S RULES OF THE COUNCIL SECURITY O	~ !	., Agenda Item, or Case No.
	T PARKS HEALTH 4 ame of City Agency, Department, Cor		<u>Program Pilipa</u>
1 40	arrie or only Agency, Beparament, Cor		garaga gala Birana - Jawa Galari
Do you wish to provide general publi		t a proposal on the agenda	? () For proposal () Against proposal
Name: Rober	Brody		General comments
Business or Organization Affiliation:	Farends of the SW	Museum	
Address: 955 CRAN	Je LA	CH	90065
Street	Спу	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELO	ow: Lal
Client Name:			Phone #:
Client Address:		e Geografia yeni Regilariyati	
Street	City	State	Zip

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Date 5/14/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE	" - A (1	Agenda Item, or Case No. $0928-5/$
I wish to speak before the	A P H A Name of City Agency, Department, Com	omittee or Council	
	Name of Oity Agency, Department, Con		digera / Duri Dit ili satera
Do you wish to provide general p	public comment, or to speak for or against	a proposal on the agenda?	(4 For proposal
Name:	el Wright		() Against proposal () General comments
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Business or Organization Affiliation	on:		
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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
05/14/2013	DECORUM WILL BE ENFORCED.	11-10-60
I wish to speak before the Mr.	Name of City Agency, Department, Committee	Cou mi fee
	Name of City Agency, Department, Committee	tee or Council
	public comment, or to speak for or against a p	proposal on the agenda? () For proposal () Against proposal
Name: 5. Diaga loR		(≯) General comments
	ion: District / pesidew	
Address: 465 N. Auc.	SI LA City	Ca E COS Zip
	2277 Representing: Coucerned	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
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Date 5/14/13	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE		Council File N	o., Agenda Item, c	4.01
do not I wish to speak before the Art	S Parks Heath + A Name of City Agency, Department, Co	mmittee or Cour	mmitte ncil		
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	olic comment, or to speak for or agains			() riguillot	propodur
Name: Marie le	ona			(L)-Genera	l comments
Name					20 1
Business or Organization Affiliation	: Friends of the	south mest	- Muse	山水 中国的	M W AT
Addross					
Address:Street	City		State	Zip	
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Date 5/14/83	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the A+++ Pou	rles, Health & Asing Com ne of City Agency, Department, Committee or	Council
$\Lambda I = I + I$	comment, or to speak for or against a propos	() Against proposal
Business or Organization Affiliation:	Friends. (The SW Muse	um Coalition
Address: 4209 Street	uir Ave, Los Angoles, (State Zip
Business phone: MA	Representing:	
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Client Name:		Phone #:
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EXO21		
Date 5/14/13	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
\sim 1	public comment, or to speak for or against a prop	() Against proposal
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Business phone:	Representing:	
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EXCEPT TO THE	EXTENT NECESSARY FOR THE PRE	SIDING OFFIC	ER TO CALL UPO	N YOU	
Date 5/14/13	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR		Council File No.,	Agenda Item, or C <i>のし</i> の	ase No.
I wish to speak before theA	Name of City Agency, Department, C	GING Cor Committee or C	nmi Hee Council	<u> Balandara</u> Malababan	
Do you wish to provide general put	olic comment, or to speak for or agai	nst a proposa	on the agenda?	() For propos () Against pro	al oposal
Name: Amy BOOTHE	GREEN			() General co	
Business or Organization Affiliation	Friends of Ple South	west 1	<i>luseum</i>		
Address:					. A second
Street	City		State	Zip	
Business phone:	Representing:				
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE C	LIENT INFOF	RMATION BELO	w: 🔝	
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I wish to speak before the	Name of City Agency, Department, C	Committee or Council	
	oublic comment, or to speak for or again \mathcal{W}	inst a proposal on the age	nda? () For proposal () Against proposal General comments
Business or Organization Affiliation	on: Friends of The Sh		
Address: 7.55 Cra Hame 3.3 Street Business phone: 2.22 \$33	ane Blud had City 27 Representing: Self	2 State	90065-4038 Zip
•	PAID SPEAKER AND PROVIDE C		ELOW:
Client Name:			_ Phone #:
Client Address:Street	City	State	Zip

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Do you wish to provide general public o	omment, or to speak for or against a proposa	-7 //.	Against proposal
Name:	1)r VomWij	licuns ()	General comments
Business or Organization Affiliation:	LA321	UC	
Address:Street	City	90 , State	D32-1712
Business phone:			
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOF	MATION BELOW:	
Client Name:		Phone #	#:
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