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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU \\1-1737-5\\

		(1 - 1 > 1 - 1
Date 7/24/2012	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	LA City Council	Closed Session
Name: SARAH.	/	proposal on the agenda? () For proposal () Against proposal () General comments
Address: 6951	eses & Be Resea	A (1533 State Zip
Business phone:	Representing:	
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 / 7/24/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	City Council		11.1737.51
	Name of City Agency, Department, Committee or	Council	
Name: Jes	oublic comment, or to speak for or against a proposa Nompesson:		a? () For proposal Against proposal () General comments
ű			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEL	.ow:
Client Name:			Phone #:
Client Address: Street	City	State	Zip

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Date 7/24/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	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: Kristin Fin	dly		() Against proposal () General comments
Business or Organization Affiliati	ion:		***************************************
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELC	ow:
Client Name:	***************************************	P	hone #:
Client Address:Street	City	State	Zip

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Date 7/21	11/2	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak bef	ore the	-SIT LA COTY LOUN	CUL	
		Name of City Agency, Department, Committee or (Council	
Do you wish to pro	vide general	public comment, or to speak for or against a proposa	on the agen	da? () For proposal () Against proposal
Name:				
Business or Organ	zation Affiliat	ion:		
Address:				
Address:	Street	City	State	Zip
Business phone: _	***************************************	Representing:		
CHECK HERE IF	YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BE	LOW:
Client Name:				Phone #:
Client Address:	Street	City	State	- Zin

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Date	10	THE CITY COUNCIL'S RULES OF	Council File No	Agenda Item, or Case No.
-//	I'I - I	DECORUM WILL BE ENFORCED.		
		DECONTOR WILL DE ENT ONOUGH.		
I wish to speak bef	ore the	and	nl.	
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	- 1	Active of only rigoroy, Department, Committee of C	Joanon	
Do you wish to pro	vide general p	ublic comment, or to speak for or against a proposa	I on the agenda	() Against proposal
Name:	/ -	$H \cap V \cup V$		() General comments
				•
Business or Organ	ization Affiliatio	on:		
Address:				
Address:	Street	City	State	Zip
Business phone:		Representing:		
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CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELO	OW:
6.11 L & L			-	M H.
Client Name:	······································		F	none #:
Client Address:			Ol. I	
	Street	City	State	Zip

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Date 7/2/1/7 2-	THE CITY COUNCIL'S RULES OF	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	City Council		
	Name of City Agency, Department, Committee or		
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	al on the agenda	a? () For proposal
Name: NickSimps	on		() General comments
Business or Organization Affiliati	on:		
Address:			90230
Address:Street	City	State	Zìp
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date ### ALTICATION wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
, , , , , , , , , , , , , , , , , , ,	Name of City Agency, Department, Committee or	Council	
	oublic comment, or to speak for or against a propos		() For proposal
Name: We	ggan Ryan		Against proposal () General comments
Business or Organization Affiliati	on:		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		***************************************
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		PI	none #:
Client Address:	City	State	Zip

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Date		OUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
1/24/12	DECORUM	WILL BE ENFORCED.	#3	\mathcal{O}
I wish to speak before the		COUNCI Committee	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:	exel Kear	5		General comments
Business or Organization Affiliat	ion:	/ 8		
Address:Street	Felia	LA	State	90027
Business phone:	Represei	nting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER A	AND PROVIDE CLIENT IN	FORMATION BELOV	v:
Client Name:			Pho	one #:
Client Address:				
Street		City	State	Zip

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Date 7/11/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.	
I wish to speak before the				
	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 Name: 1000000000000000000000000000000000000				
Business or Organization A	Affiliation:			
Address:Street				
Street	City	State	Zip	
Business phone:	Representing:		·	
CHECK HERE IF YOU A	ARE A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOV	v:	
Client Name:		Pho	one #:	
Client Address:Street	City	State	Zip	

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Date 7/2	7/12	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	· · ·	Council File No., Ag	enda Item, or Case No.
I wish to speak befo	ore the	our Jan			
	-Name	of City Agency, Department, Cor	mmittee or Cou	uncil	
Do you wish to prov	ride general public cor	mment, or to speak for or agains	t a proposal or	n the agenda? () Against proposal
Name:	M WI			() General comments
Business or Organiz	zation Affiliation:	· · · · · · · · · · · · · · · · · · ·			
Address:		ucca SFT	***************************************		William Control of the Control of th
	Street	// City		State	Zip
Business phone: _		Representing:			
CHECK HERE IF	YOU ARE A PAID S	SPEAKER AND PROVIDE CLI	ENT INFORM	ATION BELOW:	
Client Name:				Phor	ne #:
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	Street	Citv		State	Zìp