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

Date Date 1 1 - 14 - 15 I wish to speak before the	City	COUNCIL'S RULES OF I WILL BE ENFORCED. COUNCIL ncy, Department, Committee	12-	, Agenda Item, or Case No.
Do you wish to provide general po				? () For proposal
Name: Marc			Josef of the agence	Against proposal () General comments
Name:	14 1000	+11t		() deficial comments
Business or Organization Affiliatio				
Address: 737 CV	apala	Drive Pacifi	c Palisad	es CA 902
Street	,	City .	State	Zip
Business phone:	Heprese	enting: 3677		
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT IN	FORMATION BELO	w:
Client Name:			- PI	hone #:
Client Address:				



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Date 3/14/15	THE CITT COUNCIES HOLES OF			No., Agenda Item, or Case No.		
I wish to speak before theC	Name of City A	gency, Departme	ent, Com	mittee or Cou	ıncil	
Do you wish to provide general p	ublic comment, c	or to speak for or	against	a proposal or	the ager	nda? () For proposal
Name: Sael 4	rilcoc					Against proposal () General comments
Business or Organization Affiliation	on:					
Address:Street	with	held	For	intuess		
Street		City			State	Zip
Business phone:	Repre	esenting:				
CHECK HERE IF YOU ARE A	PAID SPEAKE	R AND PROVID	E CLIE	NT INFORMA	ATION BE	ELOW:
Client Name:			-			Phone #:
Client Address:		City	-		State	7:0
Street		City	1		State	Zip

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Date 10/14/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council
Do you wish to provide general p	ublic comment, or to speak for or against a prop	
Business or Organization Affiliation		
Address: 2041 Cast	e Hts Ave LA CA	90034
Business phone: 310 2027		State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 10 - 14	THE CITY COUN		Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, D	CONNCI epartment, Committee	or Council	
Do you wish to provide general pu	ublic comment, or to spea	k for or against a prop	osal on the agenda	? () For proposal
Name: Pob Mc	Farland			() Against proposal () General comments
Business or Organization Affiliatio	n: honeylow	10.000)		
Address: 4331 Pu		LAU	CA	90066
Street		City	State	Zip
Business phone:	Representing:	HONEV	LOVE	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND F	PROVIDE CLIENT IN	FORMATION BEL	ow:
Client Name:			F	Phone #:
Client Address:Street		City	State	Zip

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Date 10 14 2015	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 LOS	Name of City Agency, Department, Committee of	r Council	
Do you wish to provide general post Name: SUSAN KLENN	oublic comment, or to speak for or against a propos		a? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		
Address: 23150 COLLIN	US ST., WOODLAND HILLS	State	91367 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEL	ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 10-14-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	City Council	
	Name of City Agency, Department, Committee of	or Council
Do you wish to provide genera	al public comment, or to speak for or against a propo	osal on the agenda? (UFor proposal
Name: Willam S	scheding	() Against proposal () General comments
	ation: MUCC, speaking as	a member of the pub
Address: 1230/ (CLOVER AR Mar Vista	CA 90066 State Zip
	-6572 Representing: Self	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

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Date / 0 / / / / 5 I wish to speak before the	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE LACTY Commercial	ED. As-	lo., Agenda Item, or Case No.
D	Name of City Agency, Department, Co		O () For proposal
Name:	public comment, or to speak for or agains	st a proposal on the agend	() Against proposal () General comments
Business or Organization Affiliat	ion: Seul-brery of L.	Papes	
Address: 1777 /G	Ston Dr. List-	Jeles State	500 Z S
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BEL	ow:
Client Name:			Phone #:
Client Address:	City	State	Zip
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Date /0-14-/5	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 pu	ublic comment, or to speak for or against a prop	osal on the agenda? K For proposal
Name: Paul Het	cimian	() Against proposal () General comments
Business or Organization Affiliatio	n: Honez hove	
Address: 1516 Pac	ific St Santa	Udrica, CA 90405
Business phone: 310-344-1	81/ Representing: House	ve
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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10-14-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	Name of City Agency, Department, Committee	e or Council
Do you wish to provide general pub Name:CEBS	olic comment, or to speak for or against a prop	oosal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation		
Address: 10573 W. F	CILV	State Sip
Business phone: 3104136	6485 Representing: Beautepin	4
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 10-14-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	City Council	N.
	Name of City Agency, Department, Committ	
Do you wish to provide gener	al public comment, or to speak for or against a pr	roposal on the agenda? For proposal
	SAHLI	1 / rigariot proposal
Business or Organization Affil	iation:	
Address: 4201	LAFAYETTE PLACE	CA 907 32 State Zip
	Representing:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	A	
Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
I wish to speak before the _			
	Name of City Agency, Department, Committee	or Council	
	eral public comment, or to speak for or against a prop Le Pollins	osal on the agenda? () For proposal) Against proposal) General comments
Business or Organization Af	filiation: ONESTRONG	HVE	
Address: 224	BANCIZOFT	LA CA	9003 =
Business phone: 21388	30.3056 Representing: Oue Strov	19 hue	
	RE A PAID SPEAKER AND PROVIDE CLIENT IN		
Client Name:		Phone	e #:
Client Address:			
Street	City	State	Zip

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Date 10/14/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council
Do you wish to provide general Name: Adrew Do Business or Organization Affilia	V	() General comments
	LST Los Ageles	CA 90015 State Zip
	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No.	, Agenda Item, or Case No.
10-14-12	DECORUM WILL BE ENFORCED.	2	8
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide gener	ral public comment, or to speak for or against a propo	sal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affil	iliation:		***
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	E A PAID SPEAKER AND PROVIDE CLIENT INFO		ow:
Client Address:			
Street	City	State	Zip

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Date (6/14)/5	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	or Council	
Do you wish to provide general Name: Ava P65+	public comment, or to sp	eak for or against a propo	sal on the agenda	a? (V) For proposal () Against proposal () General comments
Business or Organization Affiliat	ion:			
Address: 12-51 1/2 Street	s wilton Pl	has Angeles	State	98619
Business phone:	Representin	g:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT INF	ORMATION BEL	OW:
Client Name:			F	Phone #:
Client Address:Street	U .	City	State	Zip

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Date 10 -14-15	THE CITT COONCIES HOLES OF		No., Agenda Item, or Case No.
I wish to speak before the	Y COUNCIL		
N	ame of City Agency, Department, Committ	ee or Council	
Do you wish to provide general publi	c comment, or to speak for or against a p	roposal on the agend	da? (For proposal () Against proposal () General comments
Business or Organization Affiliation:	BEE KEEPER		
Address: 4921 SAN PA	afael avenue u	CA	90042
Street Business phone: 213 483 7	City	State	Zip
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BEI	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date / 6 , /	4,17		UNCIL'S RULES OF ILL BE ENFORCED		No., Agenda Item, or Case No.
I wish to speak befor		ame of City Agency	, Department, Comn	fittee or Council	
Do you wish to provide			(proposal on the ager	nda? () For proposal Against proposal
Name:	-	NAU	Ml		() General comments
Business or Organiza	ation Affiliation:	/		_	
Address:	Street		City	State	Zip
Business phone:		Representi	ng:		
CHECK HERE IF Y	OU ARE A PA	AID SPEAKER AN	D PROVIDE CLIEN	T INFORMATION BE	ELOW:
Client Name:			testime see a constitution of		Phone #:
Client Address:	Street		City	State	Zip

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Date JO L4	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		
(public comment, or to speak for or against a prop		For proposal () Against proposal () General comments
Business or Organization Affiliati	on:		
Address:	L.A		7
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	W:
Client Name:		PI	none #:
Client Address:			
Street	City	State	Zip