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

Date 10013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.	
9/2011	DECORON WILL BE ENFORCED.		<u> </u>	
I wish to speak before the	City Cancil	13-	0046	
	Name of City Agency, Department, Committee or (· · · · · · · · · · · · · · · · · · ·	
Do you wish to provide general p	public comment, or to speak for or against a proposa	I on the agenda?	For proposal	
Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Hospain	() Against proposal) General comments	
Business or Organization Affiliation:				
Address: Street	S. Bixel St., (A State	90017	
Business phone: (25) 580-757 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phor	ne #:	
Olicent Autologue				
Client Address:Street	City	State	Zip	

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
5/29/13	DECORUM WILL BE ENFORCED.	5		
l wish to speak before the	Council			
	Name of City Agency, Department, Committee	or Council		
	oublic comment, or to speak for or against a property	() Against proposal		
Name:	AKSENEAULT	() General comments	ì	
Business or Organization Affiliati	on: VICA			
Address: 5/21 V	AN NUYS BLUD. LA,	CA 91403		
Business phone: (818) 817	City 7-0545 Representing:	State 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	THE CITY COUNCIL'S RULES OF	Council Fil	e No., Agenda Item, or Case No.
5-28-13	DECORUM WILL BE ENFORCED.	#5	13-0046
I wish to speak before the	City Council		
Name of City Agency, Department, Committee or Council			
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	l on the age	
Name: Marian	Dodge		() Against proposal () General comments
Business or Organization Affiliation: Federation of Hillside & Canyon Assns.			
Address: P.O. Box	27404, LA. C	ZA ,	90027
0001	Representing:	0,000	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:			Phone #:
Ollerit Name.			ritore #.
Client Address:	City	State	Zip
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Date	THE CITY COUNCIL'S RULES OF	Council File No., Ag	enda Item, or Case No.
5-28-13	DECORUM WILL BE ENFORCED.	#5 0	C#13-004/6
	1		12 /0
I wish to speak before the	City lovacil		
·	Name of City Agency, Department, Committee	or Council	
		(
Do you wish to provide general p	public comment, or to speak for or against a prop	osal on the agenda? 🤇	
1 1	ILL WRIGHT	() Against proposal
Name:	110000) General comments
	$\Delta i \Delta - i \Delta$		
Business or Organization Affiliati	on:		
Address:370	O WILSHINE BI	10 #8	6 2
Street	City	State	Zip
Business phone: 2/3690769 Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Okant Nana		Dhan	
Client Name:		Pnor	ne #:
Otiont Address:			
Client Address:Street	City	State	Zip

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Date 5 28 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	
Do you wish to provide general Name:	public comment, or to speak for or against a prop	osai on the agenda? (4) For proposal () Against proposal () General comments	
Business or Organization Affiliation: Central City Association Address: 626 Wishire Blud Suite 200 LA, CA 9017 Street State			
Business phone: 213 624-1213 Representing: membership			
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	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.	
5-28-13	DECORUM WILL BE ENFORCED.	5		
I wish to speak before the	Comac			
	Name of City Agency, Department, Committee or	Council		
Do you wish to provide general p	public comment, or to speak for or against a propos	al on the agenda?	() For proposal	
Name: ALAX	Sant	And the Personal Property of the Personal Prop	() Against proposal () General comments	
Business or Organization Affiliati	ion:		***************************************	
Address:	Lennax			
Address: Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	·	Ph	none #:	
Client Address: Street				
Street	City	State	Zip	