YOU ARE NO	DT REQUIRED TO PROVI	T SUBJECT TO POSTING (DE PERSONAL INFORMAT / FOR THE PRESIDING OF	ION IN ORDER TO SI	PEAK,	
Date 8/14/13		JNCIL'S RULES OF LL BE ENFORCED.		Agenda Item, or Case No.	
I wish to speak before the		Committee Department, Committee	or Council		
Do you wish to provide general p Name: <u>ペAナA LiNA</u>		eak for or against a prop	osal on the agenda?	 () For proposal (X) Against proposal () General comments 	
Business or Organization Affiliati	on:		CA	90033	
Address: $1425^{\frac{1}{2}}$ Street Business phone: 323 24	- <u> </u>	City City Ig: LANdLord	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Pł	none #:	
Client Address:Street		City	State	Zip	
Please see reverse of card f	or important information	and submit this entire car	rd to the presiding o	fficer or chairperson.	

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON OT REQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO	O SPEAK,	
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
8/14/13	DECORUM WILL BE ENFORCED.	13-09	21CD14(1)	
I wish to speak before the	Housing Committee Name of City Agency, Department, Committee or			
Do you wish to provide general p	public comment, or to speak for or against a propose	al on the agend	da?()For proposal	
Name: Kenny A.	Sanchez		 () Against proposal () General comments 	
Business or Organization Affiliati	on:			
Address: 1423/2 Plea	isant Ave los Angeles	<u> </u>	90033	
Business phone: 323 79	- 4832 Representing:	State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE		
Client Name:			Phone #:	
Client Address:				
Street	City	State	Zip	
Please see reverse of card f	or important information and submit this entire card	<u>to the presidin</u>	g officer or chairperson.	

	IS A PUBLIC DOCUMENT SUBJECT TO POSTIN T REQUIRED TO PROVIDE PERSONAL INFORM HE EXTENT NECESSARY FOR THE PRESIDING) SPEAK,	3-092	
Date 8-14-13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or C	≿ase No.	
I wish to speak before the	Name of City Agency, Department, Committe	•		le_	
Do you wish to provide general p	bublic comment, or to speak for or against a pr	oposal on the agend	ia?()For propos ()Against pro	al oposal	
Name: Ruth	sarnott		(V) General co	omments	
Business or Organization Affiliation	on:				
Address:Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #:		
Client Address:Street	City	State	Zip		
	or important information and submit this entire			erson.	

YOU AF	THIS IS A PUBLIC DOCUMENT SUE RE NOT REQUIRED TO PROVIDE PE TO THE EXTENT NECESSARY FOR	RSONAL INFORMATION	IN ORDER TO SPEAK	К,		
Date 08/14/2013		THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Council File No., Agenda Item, or Case No.		
I wish to speak before the _	HOSPSING	COMMITTEE	CF	13-0921		
Name:	Name of City Agency, Depa eral public comment, or to speak for CLARKE ffiliation: <u>APT</u> . ASSA	or or against a proposal	on the agenda?() Against proposal		
	W. Sycamo					
Business phone: 213-38	Y-Y/3/ Representing:	PAERA				
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PRO	OVIDE CLIENT INFORI	MATION BELOW:			
Client Name:	· .	······	Phone	e #:		
Client Address:Street	C	ity	State	Zip		
Please see reverse of c	card for important information and s	submit this entire card to	the presiding office	r or chairperson.		

	CITY OF LOS ANGELE	S SPEAKER CAR	DCF	13-0921
Date 8/14/13	THE CITY COUNCIL'S F DECORUM WILL BE EN	RULES OF	incil File No., H	Agenda Item, or Case No.
I wish to speak before the	Housing Con Name of City Agency, Departm	mmittee	iI	
	public comment, or to speak for o			
Name: La	rry Gross			() General comments
Business or Organization Affiliat	ion: <u>Coalition</u>	for Econom	ic S	Eurviva/
Address: 514 Shuff	rry Gross ion: <u>Coalition</u> to PI <u>LI</u> city	7	<u>A</u>	90020
Business phone: 213-252-	<u>4411</u> Representing:			Σιμ
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	DE CLIENT INFORMATIO	ON BELO	N:
Client Name:			Pł	none #:
Client Address:Street	City		State	Zip

. . .

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD NOT SPEAKING

YOU ARE NO	OT REQUIRED TO P	UMENT SUBJECT TO PO PROVIDE PERSONAL IN SSARY FOR THE PRESI	FORMATION	IN ORDER TO	SPEAK,	
Date AU6. 14, 13		Y COUNCIL'S RULES IM WILL BE ENFORCI			No., Agenda Item, or Case	
مر مرم I wish to speak before the	Housing	COMMITTEE	#1	·····	•	
	Name of City A	gency, Department, Co	mmittee or C	ouncil		
Do you wish to provide general Name:		r to speak for or agains	t a proposal	on the agend	la? () For proposal (✗) Against propo () General comm	
Business or Organization Affiliation Affil		BING COAL	775W			
Address: //21 Glenvil	he pr	Los ANGER	es	<u>Ca</u>	90035	
Business phone: $3/6 - 99/-$	2123 Repre	senting: <u>myse</u>	1	State	Zip	
CHECK HERE IF YOU ARE		-		MATION BEL	_ow:	
Client Name:					Phone #:	
Client Address:		City		State	Zip	
Please see reverse of card f	or important inform		<u>entire card to</u>		•	on.

CITY OF LOS ANGELES SPEAKER CARD No Sporte

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON T REQUIRED TO PROVIDE PERSONAL INFORMATIO IE EXTENT NECESSARY FOR THE PRESIDING OFFI	N IN ORDER TO	D SPEAK,
Date	THE CITY COUNCIL'S RULES OF	Council File	No., Agenda Item, or Case No.
08/14/2013	DECORUM WILL BE ENFORCED.	13-0	921/0014
I wish to speak before the	Housing Commission	× #1	· · · · · · · · · · · · · · · · · · ·
	Name of City Agency, Department, Committee or		
	ublic comment, or to speak for or against a propos		0 Against proposal
Name: Victor Vasaus	2		() General comments
Business or Organization Affiliatio	n: Far Housing COALIT	For	
Address: 1438-11 m	Sr. #A Span Mana		90401
Business phone: (310) 415-	City ノーシー Representing:	State	Zip
CHECK HERE IF YOU ARE A	n: Farr Hous , Coa Lit Sr. #A Sam Mara City 1022 Representing: PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card fo	r important information and submit this entire card	to the presidin	g officer or chairperson.