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Date // - / - / - / - / - / - / - / - / - /	Joint of the Byse	HE CITY COUNCIL'S RULES OF ECORUM WILL BE ENFORCED. TO LOCAL WORKS + F City Agency, Department, Committee	CF	Agenda Item, or Case No
_		ment, or to speak for or against a prop	osal on the agenda?	() Against proposal
Name: Roy	INC			General comments
Business or Organization	on Affiliation:			
Address:				
Business phone: 42	1307 - 190	City Representing:	State	Zip
CHECK HERE IF YO	U ARE A PAID SE	PEAKER AND PROVIDE CLIENT IN	ORMATION BELOV	v:
Client Name:			Pho	one #:
Client Address:				
	eet	City	State	Zip

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Date 11/16/15	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	OF Council File I	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co	mmittee or Council	dget/Ference Com
Do you wish to provide general Name:	al public comment, or to speak for or again	st a proposal on the agend	da? () For proposal () Against proposal General comments
Business or Organization Affili	S. SFLUWEDA # 130	os Adarks.	CA 90e45
Business phone: 310 - 4	17-9030Representing: City WEST Cu		E BID
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CL	ENT INFORMATION BE	LOW:
Client Address:			Phone #:
Client Address:Street	City	State	Zip

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14-0/63-53

Date 11/16/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		o., Agenda Item, or Case No.
I wish to speak before the	Cih Council Joint Name of City Agency, Department, Comm	Mtg of Pl	WGR + B+F
Nama: Lunnotte	public comment, or to speak for or against a		() Against proposal () General comments
Business or Organization Affiliation	on: Community Forest	Advisory	Com!
	City Representing:		Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BEL	ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 11/14/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Cas	
wish to speak before the	B J F - Pub Sevv Name of City Agency, Department, Committee of		Se .	
	ublic comment, or to speak for or against a propo	sal on the agend	a? () For proposal () Against prop () General com	
	n:			
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Date 11-16-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 14-0163-53
I wish to speak before the	Name of City Agency, Department, Committee or C	Jorks + Budget thir
	oublic comment, or to speak for or against a proposa Wein Stein Bloome	I on the agenda? (For proposal () Against proposal () General comments
Business or Organization Affiliati	on: Tree People Nulholland Drive B	Leu Hille GADID
Street	487 Representing: Tree Reco	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date	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 C	
Do you wish to provide general	public comment, or to speak for or against a proposa	l on the agenda? () For proposal () Against proposal
Name: DESOPA	+ MURPHY	General comments
Business or Organization Affiliat	ion: LOS ANGEUES WAL	NS
Address: 2351 9	WER PLOOP AVE LA	GA 90039
Business phone: 773. 6	01.3173Representing: WS ANGE	VES WALKS
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date ////0/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	eblic Works & Bang Leduc	ction Committee
	Name of City Agency, Department, Committee or	Council
Do you wish to provide general post Name: ///////// Logon Business or Organization Affiliation	Dinaina Romitile	on the agenda? () For proposal () Against proposal () General comments
_		2 01-21
Address: 1300 VUN N	Juys Blvd. St. 200 Pacoina	(A 9/33/
Business phone: Street	459 Representing: PUCOIMA BU	State Zip (
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
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Street	City	State Zip

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Date // / 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 <u>bu</u>	Name of City Agency, Department, Committee or	KS, 6ang leduction Committee Council
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agenda? () For proposal
Name: JOANNE	DANTONIO	() Against proposal () General comments
Business or Organization Affiliati	on: representing Sel	+ today)
	Bessemer St. Valley	Glen, CA 9/40/ State) Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 11-16-2015	3 THE TOTAL	COUNCIL'S RULES OF WILL BE ENFORCED.	Col	uncil File N	o., Agenda Item, or Case No.
I wish to speak before the		nt Special Committee, Department, Committee			F 14-0163-53
Do you wish to provide general p	public comment, or to	speak for or against a p	roposal on th	e agenda	(>) Against proposal
Name: Sheila Flory					() General comments
Business or Organization Affiliation	on: ACCE				
Address: 2847 Hillor	est Dr.	Los Angeles		State	90016 Zip
Business phone:	Represe	nting:			
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT	INFORMATI	ON BEL	ow:
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.
11/16/15	DECORUM WILL BE ENFORCED	/	CF 14-6/63-S
I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council	Budget ord Finan
	ablic comment, or to speak for or against a		da? () For proposal
Business or Organization Affiliation	n:		
Address: 226 E. Street	109 Street los	Augeles	Cl 9006/
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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				CF 14-0/63
Date	THE CITY COUNCI	L'S RULES O	F Council File	No., Agenda Item, or Case No.
nov-16/15	DECORUM WILL B			
I wish to speak before the	Joseph Sper	RI Com	Hee Public	Works + Budget
	Name of City Agency, Dep	partment, Com	mittee or Council	thanc
Do you wish to provide general Name: Angelir	na imenez		a proposal on the agen	da? () For proposal Against proposal () General comments
Business or Organization Affilia	ation: 7000			
Address: 157 W	36th 57	<u>/</u>	Californ State	110 90018 Zip
Business phone:	Representing:		,	
CHECK HERE IF YOU ARE			NT INFORMATION BE	ELOW:
Client Name:				Phone #:
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					CF 19 0102 3-
Date	THI	E CITY COUNCI	L'S RULES OF	Council File No.	, Agenda Item, or Case No.
11-16-	15 DEC	CORUM WILL B		# 01	12
I wish to speak before	the Name of C	Special (Dity Agency, Dep	artment, Committee or	Council	+ Bidgetand
Do you wish to provide	e general public comm	ent, or to speak	for or against a propos	al on the agenda?	() For proposal
Name: 50 /	STRIN	1GeR			Against proposalGeneral comments
Business or Organizat	ion Affiliation:	ecl			
Address: 365	6 So. GRA	rnd ace	City Z2 A3	State	Zip
Business phone:		Representing: _			
CHECK HERE IF YO	OU ARE A PAID SPE	AKER AND PR	OVIDE CLIENT INFO	RMATION BELO	w:
Client Name:				PI	none #:
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		CA 14 0105
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
11-16-2015	DECORUM WILL BE ENFORCED.	Trans I one
wish to speak before the	Name of City Agency, Department, Committee of	or Council Brogeta
Do you wish to provide general post	ublic comment, or to speak for or against a propo	. 150
Business or Organization Affiliation Address: 814 E-104th	on:	C# 00007
Street	City	CA GOO O Z
Business phone:	Representing: 8	
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 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	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	
Do you wish to provide general pub	olic comment, or to speak for or against a propos	eal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation:	Retir D Teache	24
Address: <u>/8/2 W, 4</u> Street (3 2 3	City Representing:	7 00 6 2 State Zip
	PAID SPEAKER AND PROVIDE CLIENT INFO	
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.
	DECORUM WILL BE ENFORCED.	1	
I wish to speak before the	Name of City Agency, Department, Committee or	EC pb	The Norts + Bidget and Fran
Do you wish to provide general pr	ublic comment, or to speak for or against a proposa	al on the agend	da? (For proposal () Against proposal
Name:	ion KRACOV		() General comments
Business or Organization Affiliation	on:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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			H
Date / 1 / 1 / 1 / 2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Agenda Item, or Case No.
I wish to speak before the	it Committee public	· norts a	d Budget al
Nam	ne of City Agency, Department, Committee or	Council	Amarcs
Do you wish to provide general public of Name: Robert Pepps	comment, or to speak for or against a propos	al on the agenda	? (X) For proposal () Against proposal () General comments
Business or Organization Affiliation:			
Address: 3523 Cvcs+	mont Los Ahgele	State	96026 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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Date 14/16/45		JNCIL'S RULES OF LL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
wish to speak before the	Name of City Agency,	Department, Committee	or Council	tountife
Name: Julio Alvacad		eak for or against a prop	osal on the agenda	() Against proposal
Name: Julio Alvacad	0	,	9	() General comments
Business or Organization Affiliat		South los An	ieles	
Address: 5755 Sadh Street	Man St. Apt. 18	City Jules	State	9 <u>aga</u> 3 Zip
Business phone:	Representin	g:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT IN	FORMATION BEL	ow:
Client Name:				Phone #:
Client Address:Street		City	State	Zip