15-072B

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

Date 1 -2 - 20 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	HONING (MM)HOL Name of City Agency, Department, Committee of	r Council
Do you wish to provide general p	public comment, or to speak for or against a propos	
Business or Organization Affiliation Address: 23/0 01501	11 Place Apt, A Venic	1,CA 90291
Business phone:	Representing:	/ State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 1//2/16		ITY COUNCIL'S RULES OF RUM WILL BE ENFORCED.	Council File N	No., Agenda Item, or Case No.
I wish to speak before the		NG COMM	0 4	
	Name of City	Agency, Department, Committee	or Council	
		, or to speak for or against a propo	sal on the agenc	la? () For proposal () Against proposal
Name: BILL PRE	er coresi			General comments
Business or Organization Affili	ation: POWE	j.C.		
Address: 235 HIL	L 5T	5 M City	CA	901507
Street		City	State	Zip
Business phone:	Rep	oresenting:		
CHECK HERE IF YOU ARE	A PAID SPEAK	ER AND PROVIDE CLIENT INF	ORMATION BEI	LOW:
Client Name:				Phone #:
Client Address:				
Street		City	State	7in

Date /1/2/16		COUNCIL'S RULES OF I WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Ho O Name of City Age	Sing Comm ency, Department, Comm	1 Hee nittee or Council	
Do you wish to provide general			•	
Name: Car	los Aqu	1/ar		Against proposal General comments
Name: Car Business or Organization Affiliat	ion: Coalition	for Econo	nic Survival	
Address: 514 Sha	HO P/	LA	CA-	90020
Street	**************************************	City	State	Zip
Business phone:	Repres	enting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIEN	T INFORMATION BELOV	v:
Client Name:			Ph	one #:
Client Address:Street		- Cit.	Ch.,	-
Street		City	State	Zip

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Date 11.2.16	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	.5 0,	ouncil File No.,	Agenda Item, or Case No.
I wish to speak before the	Housing Commis		oil	
Do you wish to provide general p	oublic comment, or to speak for or aga	inst a proposal on t	the agenda?	For proposal Against proposal General comments
	Dennison on: Venice Com	munity	Hous	silve
Address:Street	City	444-444-444	State	Zip
	Representing:			•
·	PAID SPEAKER AND PROVIDE C			w:
Client Name:			Ph	one #:
Client Address:	City		State	Zin

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Date 11 2 2016		Y COUNCIL'S RULI JM WILL BE ENFOR		Council File N	o., Agenda Item, or Case No.
I wish to speak before the		Minitee gency, Department,	Committee or C	ouncil	
Do you wish to provide gener		r to speak for or aga	inst a proposal	on the agenda	a? () For proposal () Against proposal () General comments
Business or Organization Affil	iation: $\mathcal{L}.\mathcal{A}.$				
Address: 2427 Street	Michigan	C.A_ City		State	9003 <u>3</u>
Business phone:	·	senting:	LIENT INFORM	MATION BEL	ow:
Client Name:					Phone #:
Client Address:		City		State	Zip

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Date II 2 Julip	THE CITY COUNCIL' DECORUM WILL BE		Council File No	., Agenda Item, or Case No.
I wish to speak before the	HEUSINU			
De consciole de consider personal a	Name of City Agency, Depar			o () For proposal
Do you wish to provide general p	SUMDIV	or against a propo	osal on the agenda	() Against proposal () General comments
Business or Organization Affiliation	on: LOS ANGELES	TENANTS	UNion	
Address: 1938//2 (0M	umon wealth Aug	La	 State	90007 Zip
Business phone:	Representing:			Ζιρ
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	/IDE CLIENT INF	ORMATION BELO	DW:
Client Name:			P	hone #:
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.
11/2/16	DECORUM WILL BE E	NFORCED.	Ч
<u> </u>	1	<u> </u>	
I wish to speak before the	Housing Comm	n+ rec	
	Name of City Agency, Departn	nent, Committee or Council	
.	bPa and and and another a		d.0 / 4 F
	oublic comment, or to speak for o	r against a proposal on the ag	enda? (//) For proposal () Against proposal
Name: Karla F	&(+i 0		() General comments
	•		
Business or Organization Affiliat	ion:		
Address: 2697 Jan	ies M Wood BIV	d Los Angeles	cf 90006
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVI	DE CLIENT INFORMATION I	BELOW:
Client Name:			Phone #:
onone ranno			
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.

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Date II/3/IQ	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	Housing Committee Name of City Agency, Department, Committee		
_	oublic comment, or to speak for or against a propo	osal on the agenc	la? () For proposal () Against proposal () General comments
∤	on: <u>Ut Tenants Union</u>		
Address: Po Box 90 Street	35 LA City	<u>CA</u> State	90078 Zip
Business phone:	Representing:	A CONTRACTOR OF THE CONTRACTOR	Parameter State St
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEI	_ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date / 1 / 2 / 1 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Housing Committee	Council
Do you wish to provide general p	Name of City Agency, Department, Committee or public comment, or to speak for or against a proposition of the comment of the c	al on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation Address: 5215. Ca	on: rondelet St., Apt. E Los Angele,	CA 90057
	City Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

CITY OF LOS ANGELES SPEAKER CARD BROWN ACT.

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Date 11/02	2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Vem or Case No.
I wish to speak bef				
)-(erman	了 Nam	e of City Agency, Department, Committee	or Council	
	vide general public o	comment, or to speak for or against a prop	posal on the agenda?) For proposal) Against proposal) General comments
Business or Organi	ization Affiliation:	nermon her	Disability —	CD14+H
Address:	Street	Ton U	Rights California	20 HEIGHTO
Business phone: _CHECK HERE IF		Representing: California's Protection SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:	13.90	V WWW. boyle h	cights beat	#: 9006 3
Client Address:	Street	City	State	Zip 90012