15-0728

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EXCELL 10 I	THE EXTENT REDECOAST FOR THE FREDIDING OFF	ICENTO CALL OF ON 100	
Date 11 - 7 - 70 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	No.
Π-2 20 Ψ	HAGINA MANNIHAR	Section 1	
I wish to speak before the	Name of City Agency, Department, Committee o	r Council	
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? () For proposal () Against propo () General comm	
Business or Organization Affiliation Address: 23/0 Street	on: NATO APOLA VINIC	U OA 1029 / State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:	
Client Name:		Phone #:	
Client Address:	Alt.	Q	
Street	City	State Zip	

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11/2/11			THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		lo., Agenda Item, or Case No.
I wish to sp	eak before the	F.1049	ING COMM		
·			Agency, Department, Committee	or Council	
	h to provide genera		, or to speak for or against a prop	osal on the agend	a? () For proposal () Against proposal () General comments
Business or	· Organization Affilia	ution: <i>10 w6</i>	R		
Address:	235 HILL	- 55	5 M City	CA	Zip
,	Street		City	State	Zip
Business ph	none:	Re _l	oresenting:		
CHECK HE	ERE IF YOU ARE	A PAID SPEAK	ER AND PROVIDE CLIENT IN	FORMATION BEL	.ow:
Client Name):				Phone #:
Client Addre	ess: Street		City	State	Zio

Date 11/2/16		COUNCIL'S RULES OF IN WILL BE ENFORCED.	Council File No., /	Agenda Item, or Case No.
I wish to speak before the	Name of City Age	S In G COMMI ency, Department, Commit	Hee tee or Council	
Do you wish to provide general				For proposal () Against proposal
Name: Car	los Aqu	, lar		() General comments
Name: Cer Business or Organization Affilia	tion: Coalition	for Econom	10 Survival	
Address: 514 Sha	Ho P/	LA	CA	90020
Street		City	State	Zip
Business phone:	Repres	enting:		4.2.4.000.000.000.000.000.000.000.000.00
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT	INFORMATION BELOW	/ :
Client Name:			Pho	one #:
Client Address:		•		
Street		City	State	Zip

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Date . 2 . / 6	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	.5 0.	Council File No	., Agenda Item, or Case No.		
I wish to speak before the	Housing Commi		- !			
	Name of City Agency, Department, (Committee or Coun	ICI			
Do you wish to provide general p	oublic comment, or to speak for or aga	inst a proposal on	the agenda	? (🏈 For proposal		
Name: Bedry	Dennison			(Against proposal General comments		
Business or Organization Affiliati	Dennison on: Jenice Com	nunity	How	51 hg		
Address:Street	City		State	Zip		
	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Р	hone #:		
Client Address:	City		State	7in		

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Date 11 2 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.			Council Fife No	o., Agenda Item, or Case No.
I wish to speak before the	Howsing Commi Name of City Agency		it, Committee or 0	Douncil	
Do you wish to provide general	public comment, or to sp	peak for or a	gainst a proposa	l on the agenda	? () For proposal
Name: WALT SE	ENTERATT	· · · · · · · · · · · · · · · · · · ·			() Against proposal () General comments
Business or Organization Affiliati	ion: <u>C.A. Te</u>	nants	Union		
Address: 2427 Mo	ichigan	C.A.		State	9003 <u>3</u>
Business phone:	/ /				•
CHECK HERE IF YOU ARE A			CLIENT INFOR	MATION BELO	ow:
Client Name:		******	and the state of t	F	Phone #:
Client Address:					
Street		City		State	Zip

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Date 11/2/3016	THE CITY COUNCIL'S DECORUM WILL BE EI	Council File No	o., Agenda Ilém, or Case No.	
I wish to speak before the	HOUSING			
•	Name of City Agency, Departm	ent, Committee	or Council	
Do you wish to provide general Name:	public comment, or to speak for o	r against a propo	osal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: LOS ANGELES	TENANTS	UNION	
Address: 1938//2 (0	mmonwealth Aug	La	<u>C</u> A	90007
Street	City		State	Zip
Business phone:	Representing:			yer-ye
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INF	ORMATION BELO	ow:
Client Name:			ļ-	Phone #:
Client Address:	O'			
Sueei	Citv		State	Zip

Date 11/2/16	THE CITY COUNC DECORUM WILL		-	e No., Agenda Item, or Case No.
I wish to speak before the	Housing Co Name of City Agency, De		mittee or Council	
Do you wish to provide general r		k for or against a	a proposal on the age	
Name: Karla F	Porti/10		· · · · · · · · · · · · · · · · · · ·	() Against proposal () General comments
Business or Organization Affiliati	on: CES			
Address: 2097 Jam	ies M Wood A	31Vd La	x Angeles	CA 90006
Street		City	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND P	ROVIDE CLIEN	IT INFORMATION B	ELOW:
Client Name:				Phone #:
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 il/3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
l wish to speak before the	Housing Committee Name of City Agency, Department, Committee	ee or Council
Do you wish to provide general p	public comment, or to speak for or against a pro	oposal on the agenda? (🗸) For proposal
Name: Sylvie S	Mais	() Against proposal () General comments
	ion: <u>LA Tenants Union</u>	
Address: Po Box 9	RS LA City	<u>CA</u> 90078 State Zip
	Representing:	·
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date / Z / C Council File No., Agenda Item, or Council File No., Agenda It	ase No.
I wish to speak before the	***************************************
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name: Steven Bowleys () Against pro-	posal
Business or Organization Affiliation: Address: 5715. Carondert St., Apt. E. Los Angeles CA 9005 Street State Zip	7
Street City State Zip	<u> </u>
Business phone: Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: Phone #:	
Client Address: Street City State 7ip	

CITY OF LOS ANGELES SPEAKER CARD BROWN ACT.

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	Street		City	State	Zip 90012
€ Client Address:		W. 1.5		2014	90063
Client Name:	Selst Contract of the select contract of the selst contract of the	YWW YOF	v. boyle v	kights bed	#
CHECK HERE I	_ •	PAID SPEAKER AND P		1	The said
Business phone:		Representing:	California's Protectio	n & Advocacy System	
AUG1699.	Street		VIL	California	Zip HTISHTO
Address:		nevyzon		Rights	BOYLE
Business or Orga	nization Affiliatio	n: herman		Disability -	CD14"
Name:	SHOU	I TE 101	1 511951	4.3.6)	() General comments
A	rovide general p	ublic comment, or to speak			() For proposal () Against proposal
)-(erma		Name of City Agency, De			
I wish to speak b	_	Name of City Agency: Do	nadmont Committe	e or Council	
11/02	(
11/62	12014	DECORUM WILL		1 7	77
Date i		THE CITY COUNC	OIL'S DITLES OF	Council File No.,	Agenda Vem or Case No.