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Date 10 5 17		DUNCIL'S RULES OF VILL BE ENFORCED.		., Agenda Item, or Case No.
I wish to speak before the	Name of City Agend	by, Department, Committee	or Council	
Do you wish to provide general p	1			? (X) For proposal ( ) Against proposal (X) General comments
Business or Organization Affiliation	on: SELF			
Address: 1212 5 ORL	ANDO AU	City	C A State	90035 Zip
Business phone:	Represent	ting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:				
Street		City	State	Zip

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Date + 5   17	THE CITY COUNCIL'S R DECORUM WILL BE EN	1	o., Agenda Item, or Case No.	
I wish to speak before the	Housing Oo Name of City Agency, Department	mmuttle ent, Committee or	Council	
Do you wish to provide general	public comment, or to speak for or	against a propos		a? ( ) For proposal ( ) Against proposal General comments
Business or Organization Affiliat	ion:			
Address: 11+0 Co	ronado Terr	LA	CA	90026 Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	E CLIENT INFO	RMATION BEL	ow:
Client Name:				Phone #:
Client Address:	City		State	Zip

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Date 4/5/17		UNCIL'S RULES OF ILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Housing (Name of City (Igency	Committee , Department, Committee	ee or Council	
Do you wish to provide general			oposal on the agenda	( ) Against proposal
Name: John Walt				General comments
Business or Organization Affiliat				
Address: 2427 Mic Street	higan Aoe.	City City	State	90033 Zip
Business phone:	Representi	ng:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIENT I	INFORMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:		City	State	Zip
Stieet		Oity	State	حاب

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Date 3-5-17  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee or City Agency, Department, City Agency, Department, City Agency, Department, City Agency,	140268	nda Item, or Case No.
Name: Cloud G  Business or Organization Affiliation Address: Street	on: Fuch n Pelene No St. 8112 Representing: Lenants	In on the agenda? (	) For proposal ) Against proposal ) General comments
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR		e #:
Client Address:Street	City	State	Zip

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Date 4 5 17  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee or	nike	o., Agenda Item, or Case No.
Name: The My	public comment, or to speak for or against a proposed by the comment of the comme		( ) For proposal ( ) Against proposal ( ) General comments
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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1 -16 0017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Council File N 14 -0268		No., Agenda Item, or Case No.	
Wildli to opean bolore the	ng committee			
Name	of City Agency, Department, Committee	or Council		
Do you wish to provide general public con	mment, or to speak for or against a prop	osal on the agenda	? ( ) For proposal ( ) Against proposal ( ) General comments	
Business or Organization Affiliation:	ner City Law Center			
Address: 1309 E. 14n St	Los Angeles	CA	90021	
Street	City	State	Zip	
Business phone: 213 891 3257	Representing:			
CHECK HERE IF YOU ARE A PAID S  Client Name:  Client Address:			OW: Phone #:	

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Date L - 5 - 1 1  I wish to speak before the	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO	PRCED.	o., Agenda Item, or Case No.
Do you wish to provide general Name:  Business or Organization Affiliat	Name of City Agency, Department public comment, or to speak for or agency.		( ) For proposal ( ) Against proposal ( ) General comments
Address: 3W N Street  Business phone: 213 804	anohymont city	A State	9 60 bU
	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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Date 4/5/17	Housing 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 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
Name: Sylvie	Shain		( ) Against proposal     ( ) General comments
Business or Organization Affiliati	on:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:		PI	none #:
Client Address:			
Street	City	State	Zip

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A15/17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	1/1	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co		
Do you wish to provide general	public comment, or to speak for or agains	st a proposal on the ager	ida? ( ) For proposal
Name: ENRIQUE	relasquez_		( ) Against proposal     ( ) General comments
\ Business or Organization Affiliati	ion: JAQUILINOS	Unidos	
Address: 430 V	W. WILShipe Blad. &	#801 LA,	CA 90057
Street	7497 Representing:	State	Zip
	A PAID SPEAKER AND PROVIDE CLI		ELOW:
Client Name:		7.	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.
4/5/2017	DECORUM WILL BE ENFORCED.		
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
4	olic comment, or to speak for or against a proposi	al on the agenda?	For proposal  ( ) Against proposal
Name: Jawa S. M.			( ) General comments
Business or Organization Affiliation:	Resident/Tenant Member	of LATU	
Address: 13441/2 N.	Formusa ave Lo A.	State	90046 Zip
Business phone: 30 428 63/8	Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	W:
Client Name:		PI	none #:
Client Address:	City	State	Zip

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			10.011102		0, 0,, , 00	
Date 4/5/17  I wish to speak before the	DECORUM WIL	NCIL'S RULES OF L BE ENFORCED HOUSIN	ing Co	mmi	No., Agenda Item,	or Case No.
	Name of City Agency,	Department, Comr	nittee or Co	ouncil		
Do you wish to provide gener	Hallock	eak for or against a	a proposal o	on the ager	( ) Agains	posal t proposal al comments
Business or Organization Affil	iation: Liner L	LP				
Business or Organization Affil Address:   Street	W. 5th St 3	City	LA	CA	90071	
Business phone:						
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND	PROVIDE CLIEN	IT INFORM	MATION BI	ELOW:	
Client Name:					Phone #:	
Client Address:						
Street		City		State	Zip	

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Date 45 17		Y COUNCIL'S RULES O	1	o., Agenda Item, or Case No.
I wish to speak before the		gency, Department, Com	nmittee or Council	
Do you wish to provide genera	al public comment, o	or to speak for or against	a proposal on the agenda	? ( ) For proposal
Name: Noel W	M			( ) Against proposal ( ) General comments
Business or Organization Affilia	ation:	LUP		
Address: 633 W 51			CA State	90071 Zip
Business phone:	Repre	esenting:		
CHECK HERE IF YOU ARE	A PAID SPEAKE	R AND PROVIDE CLIE	NT INFORMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:		City	State	Zip

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Date	THE CITY COUNCIL'S RULES (		o., Agenda Item, or Case No.
4-5-17	DECORUM WILL BE ENFORCE	D.	A 1
I wish to speak before the	Name of City Agency, Department, Cor	council .	
Do you wish to provide genera	al public comment, or to speak for or agains	t a proposal on the agenda	a? ( ) For proposal
	ie zamsenz		/ \ Against proposal
Business or Organization Affilia	ation: CCA/ LA		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BEL	ow:
Client Name:			Phone #:
Client Address:Street			
Street	City	State	Zip

Date 4/5 /17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		Agenda Item, or Case No.
I wish to speak before the	Hoos In q Commit H	ee mittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a	a proposal on the agenda?	For proposal
Name: Sop	hia Guerra		<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliati	hia Guerra ion: Coalition for Eco	nomic Surviva	/
Address: 519 51	hattoP1 LA	CA	90020
	Representing:	State	ΖIP
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BELO	w:
Client Name:		PI	hone #:
Client Address:			
Street	City	State	Zip

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Date 4/5/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general pu	blic comment, or to speak for or against a propo	sal on the agenda	a? ( ) For proposal (➢ Against proposal ( ) General comments
Business or Organization Affiliation	1: Valley Industry & Commerce	Association	(UICA)
	on Way Svite 170 Van Noys City		7/466 Zip
Business phone: $(8/8)$ 814 – 0	545 Representing: VICA punke	/5	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

Date 4-5-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. TENANT Harassmen	
I wish to speak before the	Name of City Agency, Department, Compile	Homelessness tee or Council
Do you wish to provide general pu	ublic comment, or to speak for or against a p	
Name:	onia 1	( ) Against proposal ( ) General comments
Business or Organization Affiliatio		7
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:		7
Street	City	State Zip



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17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Jem, or Case No.
pefore the	Name of City Agency, Department, Committee	or Council
provide general pu	blic comment, or to speak for or against a prop	osal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
janization Affiliation	ADVOCAC)	/
Street	Representing: Home	elessness a WA



José Huizar Councilmember, 14th District AND PROVIDE CLIENT INFORMATION BELOW:



Rocio Hernandez Area Director

City

State

Z