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Date 9-27-17	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	ublic comment, or to speak for or against a propo	sal on the agenda	a? () For proposal
Name: OVINIO (pinaldo		() Against proposal () General comments
Business or Organization Affiliatio		4	
Address: 152 W	· 32 street LA	State	9007
Business phone: 213 745	S 994 Representing:	Otate	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

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Date 9/27/17	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 Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a prop	osal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on: Council District S	(Kore)	tz)
Address: 200 N, Sp Street	ring St, #440 LA City CoS Representing: Comaine	State	90012 t=
	PAID SPEAKER AND PROVIDE CLIENT INI		ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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Date 9/27/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general pu Name: Sheetal Ka	blic comment, or to speak for or against a pro	posal on the agenda	a? () For proposal () Against proposal General comments
Business or Organization Affiliation	: Inner City Law Center		
Address: 1309 E, 1th	Street LA City	C A State	90042 Zip
Business phone: 213-891-3	a3식_Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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Date O9-27-1 THE CITY OF DECORUM	OUNCIL'S RULES OF Council File No., Agenda Item, or Case No. WILL BE ENFORCED.
I wish to speak before the	
Do you wish to provide general public comment, of to	cy, Department, Committee or Council
Do you wish to provide general public comment, of to	speak for or against a proposal of the agenda? For proposal
Name: Name:	Against proposal General comments
Business or Organization Affiliation:	
Address:	City City City
Business phone: Represer	
CHECK HERE IF YOU ARE A PAID SPEAKER A	ND PROVIDE CLIENT INFORMATION BELOW:
Client Name:	Phone #:
Client Address:	
Street	City State Zip

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Date 9/27/17		COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the		Community Hell ency, Department, Committee	e or Council	
Do you wish to provide general	ee Willia	uns		? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Inner	City Law Ce	nter	***
Address: 1309 E 7	th St.	Los Angeles	State	Zip
Business phone: 213-891	-3206 Repres	enting:	State	210
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT IN	IFORMATION BELO	ow:
Client Name:			P	Phone #:
Client Address:Street		City	State	Zip

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Date 9 27 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File 1	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Commi	-11.7	
Name: MARK	ublic comment, or to speak for or against a possible comment. SIMON 1. Los Argeles Tena		() Against proposal () General comments
Address: 1938/2 (0A	rmonwealth Ave	L.A	90027
	City Representing:		Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BEI	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date 9/27/17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	OI .	o., Agenda Item, or Case No.
I wish to speak before the	Housing Commi Name of City Agency, Department, Co.		
C - I	ublic comment, or to speak for or agains		(). Against proposal
Business or Organization Affiliation	1: Coalition for Ec	MOMIC SURVINO	Can 20)
	City Representing:	State	Zip
	PAID SPEAKER AND PROVIDE CLII	ENT INFORMATION BEL	ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 9/27/17 I wish to speak before the	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCED Annual Company of City Agency, Department, Company of City Agency,	SING COMMITTER
Do you wish to provide general public Name:	c comment, or to speak for or against	a proposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation:		CA 90007
Address: 152 W Street Business phone: 213745-96	City Representing:	SAJE MENBERSNIP
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date SEPTEMBER 27, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		enda Item, or Case No.
I 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 pr	oposal on the agenda?) For proposal
Name: JENNIFER GANAGA		+) Against proposal/) General comments
Business or Organization Affiliation	on: INNER CITY LAW CENTER		
Address: 1309 E 71	h 8t. LOS ANORLES	CA	90021
Street	City	State	Zip
Business phone: (213) 891	-3257 Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT I	INFORMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:			
Street	City	State	Zip

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Date 9/27/17	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	Name of City Agency, Department, Committee o	r Council	
Name: RAND AAR			() Against proposal () General comments
Business or Organization Affiliation	n: LA Tenants Union +	10/14 WOOD	LOCAL
Address: 3649 R-c	gal PL L.A See Ells Strat -9116 Representing:	State	90068 Zip
Business phone: (323)498	-9116 Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO		1 1
Client Name:			Phone #:
Client Address:	Cit.	Chaha	7:
Street	City	State	Zip

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Date GG77(4) I wish to speak before the	THE CITY COUNCIL' DECORUM WILL BE Name of City Agency, Depar	ENFORCED.	#2	agenda Item, or Case No.
Do you wish to provide general p	ublic comment, or to speak fo	r or against a proposal of	on the agenda?	() For proposal () Against proposal
Name:	Del.	jede		() General comments
Business or Organization Affiliation	in: ACCE			
Address: Street	Cand Ave	y (State	90007
Business phone: 310-704	93(7 Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFORM	MATION BELOW	<i>t</i> :
Client Name:			Pho	one #:
Client Address:Street	Cit	d.	State	Zip
	Oli		0.000	

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Date 9/27/17	THE CITY COUNCIL DECORUM WILL BE		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depa	cmm, K	Council	
	al public comment, or to speak for	or or against a proposa	al on the agenda	
Name: Steve	Dici Z	-		() Against proposal () General comments
Business or Organization Affilia	ation: LACM			
Address: 83%	ation: LACAN 5 t	90034		
Street	C	ity	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	OVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:			P	hone #:
Client Address:	C	ity	State	Zip

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Date 9 27 17	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	A City Corncil e or Council		
Name: Michael		() Against proposal () General comments		
Business or Organization Affiliation: ALMLA-(ARTISTS' Loft Museum Los Angeles)				
Address: 454 SEX	ATON St #1 Los An	gelis CA 900/3		
Business phone: $(3(0)7)$	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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 lem, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	of Council	
Do you wish to provide gener	ral public comment or to speak for or against a propo	sal on the agenda	? () For proposal () Against proposal () Deneral comments
Business or Organization Affil	liation:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow.
Client Name:	THE NA	Brann	mpHe#12
Client Address:Street	City	State	Zip