14-0366-55

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Date (24/17)	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	KUS		
Nan	ne of City Agency, Department, Committee or	Council	
	comment, or to speak for or against a proposa	al on the agenda?	() Against proposal
Name:	The freeh		() General comments
	<u> </u>		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOV	v:
Client Name:		Pho	one #:
Client Address:Street			
Street	City	State	Zip

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Date 12/4/17	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 or	on Hee
	Name of City Agency, Department, Committee of	Council
	ublic comment, or to speak for or against a propos	cal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation	n: Concerned Citizens	15 Good LA
	central Are, C.A	/)
		/ State Zip
Business phone: 323 846	Representing:	
	PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 12 4 17		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the		Tans, + INTG2 GoV.		COMMITTEE
Do you wish to provide general put Name:			oosal on the agend	a? () For proposal () Against proposal () General comments
Business or Organization Affiliation	1: CAGE- HU	E CHNNABIS		
Address: 651 STUCK	AND AVE.	City	State	9004Z
Business phone:	Represer	ntina:		
CHECK HERE IF YOU ARE A Client Name:	PAID SPEAKER A	ND PROVIDE CLIENT IN		OW: Phone #:
Client Address:Street		City	Ctata	7in
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 o	r Council
Do you wish to provide general put	olic comment, or to speak for or against a propos	sal on the agenda? () For proposal
Name: Unisina	Marsh	() Against proposal () General comments
Business or Organization Affiliation	: Loki Lotion	
Address: 123337	Washington Blud	State Zip
Business phone: $(213)309$	9778Representing: Loci Lohi	ON Zip
	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date [2/4/2017	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	REIR Name of City Agency, Department, Committee	or Council	
Do you wish to provide genera	al public comment, or to speak for or against a prop	osal on the agenda	? () For proposal
Name: Prahe	une Riches		() Against proposal General comments
Business or Organization Affili	ation:		
Address:	PRA-HE-ME		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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Date 12/4/17	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	or Council	
Name: MIISON ma	ublic comment, or to speak for or against a propo Pgolin on:		For proposal Against proposal General comments
Address:Street	City	State	Zip
	Representing:		
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Client Name:		Ph	one #:
Client Address:	City	State	Zip

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Date Pec 4, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before theNan	ne of City Agency, Department, Committee	or Council	
	comment, or to speak for or against a prop	osal on the agend	a? () For proposal () Against proposal
Name: Donr Ay	VON		
Business or Organization Affiliation:			
Address: 427 N. Cifr	us Are Los Angeles	CA	90036
Business phone: 3/0-770-347	Po Representing:	State	ZIP
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	FORMATION BEL	.ow:
Olicant Manner			Phone #:
Dilent Name:			

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

Date 12/4/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committe	e or Council
	Name of Oity Agency, Department, Committee	e or obtained
	ublic comment, or to speak for or against a pro	
	A	11:0
Business or Organization Affiliation	on: IA Delivery A	Mange
Address:		
Street	City	State Zip
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Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 12-04-17	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCED	11	lo., Agenda Item, or Case No. 1
wish to speak before the	REIR Name of City Agency, Department, Comm	mittee or Council	
Name: RUVINI Business or Organization Affilia	0	a proposal on the agend	a? () For proposal () Against proposal () General comments
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	NT INFORMATION BEL	.ow:
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., Age	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
Name:Business or Organization Affili		oposal on the agenda? ((() For proposal) Against proposal) General comments
Address:Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT IN		e #:
Client Address:	City	State	Zip

CITY OF LOS ANGELES PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

DATE /2/		DUNCIL LE NO.		AGENDA # /
POSITION:	Support Project/Proposal	Oppose Project/F	Proposal	General or Public Comment
SPEAKER:	Support Appeal	Oppose	Appeal	
Applicant	Property Owner(s)	Association		sentative here if you are a paid representative
Appellant	Surrounding Property Owners	Organization	Other	
Name	Visia Kon	al		
Representing	Sundan	Jung .	llza	NC
Address			0	
City			Zip Co	ode

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

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Dec 5th, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE		No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Com	mittee or Council	
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agen	da? () For proposal
Name:	1 Equity Program		() Against proposal () General comments
Business or Organization Affiliat	tion: Compassionate Care	of Studio (it	(cloneville)
Address: 11422 Street	moorpark st stolo city	State	91604 Zip
Business phone: 818-627	-6874 Representing: C	5 (
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zíp
Street	City	State	210

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

Date	THE CITY CO	UNCIL'S RULES OF	Council File No.	, Agenda Item, or Case No.
12 4 17	DECORUM W	LL BE ENFORCED.		X 1
I wish to speak before the				
	Name of City Agency	Department, Committee	or Council	
Do you wish to provide gener				? () For proposal () Against proposal
Name: Algandra				() General comments
Business or Organization Affi	liation: First 5 (4-		
Address: 750 Ala	meda Ave,	City	State	90012 Zip
Business phone:				
CHECK HERE IF YOU AR	E A PAID SPEAKER AN	D PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:			PI	none #:
Client Address:				
Street		City	State	Zip

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Date 12/4/7	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 of	or Council	
	Stermann on: Laki Latan	osal on the agend	da? () For proposal () Against proposal () General comments
Address:Street	City Duglies	State	Zip
	PAID SPEAKER AND PROVIDE CLIENT INF		LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

ITEM #

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Date	THE CITY COUNCIL'S RULE	S OF Council	File No., Agenda Item, or Case No.
DEC 4 2017	DECORUM WILL BE ENFOR	CED. 17-1	0653 4 14-0366-55
I wish to speak before the	Name of City Agency, Department, C	committee or Council	d REGULATIONS
Do you wish to provide general p	public comment, or to speak for or again	nst a proposal on the a	genda? () For proposal
Name: MIKE	O'GARA		() Against proposal () General comments
Business or Organization Affiliation	on: SUN VALLEY PAREA	NEIGHBURHOOM	D COUNCIL
Address: 9301 CAYUG	A AVE SUN VALI	ey CA	91352
Street	City	State	ZID
Business phone: \$18-624-6	718 Representing: SUN V	ALLEY AREA M	VEIGHBORHOOD COUNCIL
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip
Street	City	State	Σip

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Date 12-4-2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case I	No.
I wish to speak before theR	Name of City Agency, Department, Committee	or Council	
Gard Aga	oublic comment, or to speak for or against a propo a 5 on: Sun Valley Area Neighborho	() Against propos	
Address: 1/2/1 Coha	sset St Sun Valley	CA 91352	
Business phone: 8/4/73/-/	945 Representing Sun Valley Area	Veighborhood Council	
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 12/4/2017	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, Commit		
	ublic comment, or to speak for or against a p	-	() For proposal () Against proposal
	n: LA Delivery A	s lliance	<u> </u>
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	w:
Client Name:		Pr	none #:
Client Address:			

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Date 12/4/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theNa	REIR Committee ime of City Agency, Department, Committee or	Council
Do you wish to provide general public Name:	c comment, or to speak for or against a proposa	al on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation: _	Los Angeles Delicuery,	Allance
Address:Street	City	State Zip
Business phone:	Representing: CAOA - DO/	very
	ID SPEAKER AND PROVIDE CLIENT INFO	and the second s
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 12/4/17	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 or	Council	
Name: HONSES Business or Organization Affiliation Address: 2803 West	Black WMENS CANNEL Florence Are City Ole No. 19	sal on the agenda	? () For proposal () Against proposal () General comments 20043 Zip
Business phone: 68761	Representing:	2-13/010	777405
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date 13/4	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comm		
	public comment, or to speak for or against a	proposal on the agend	a? (For proposal) Against proposal
Name: Shepli	FRANKLIN		() General comments
Business or Organization Affiliation	on: Think & Cons	W 46	
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	T INFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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EXCELLIO	THE EXTENT NECESSARITY ON THE PRESIDING OFF	ICEN TO CALL OF	5N 100
Date 2-4-17	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 of	r Council	
	Name of Oity Agency, Department, Committee of	Council	
	public comment, or to speak for or against a propo-		() For proposal () Against proposal () General comments
Business or Organization Affiliat	tion: GLACA		
Address:			
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	W:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip

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Date 12/4/17	THE CITY COUNCIL'S RU DECORUM WILL BE ENFO	22001	ncil File No., Age	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Department	, Committee or Council		
Do you wish to provide general p	public comment, or to speak for or a	jainst a proposal on the	agenda? () For proposal) Against proposal
Name: TOMER	Grassian	/	() General comments
Business or Organization Affiliation				
Address: / Street	croft AVE City	s Angeles st	C A	90048 Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE	CLIENT INFORMATIO	N BELOW:	
Client Name:			Phone	e #:
Client Address:Street	City	St	ate	Zip

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EXCEPT TO TH	E EXTENT NECESSARY FOR THE PRE	SIDING OFFICER TO CALL	OPON 100	
Date 12 /4 /17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFOR	301	Council File No., Agenda Item, or Case No.	
wish to speak before the	REIR COMMITTEE Name of City Agency, Department, C	ommittee or Council		
Do you wish to provide general pu	blic comment, or to speak for or again	nst a proposal on the age	nda? () For proposal	
Name: ROBERT (HUACA CHEE	-A-LA	() Against proposal (>) General comments	
Business or Organization Affiliatio	n:			
Address:Street				
	City	State	Zip	
Business phone: 213 610	3062 Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION B	ELOW:	
Client Name:			Phone #:	
Client Address:Street				
Street	City	State	Zip	

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Date 12 /4 /17		Y COUNCIL'S RULE:	3 01	Council File No., Ago	enda Item, or Case No.
I wish to speak before the	Comm. ++ & Name of City Ag	ency, Department, C	Committee or Cou	ncil	
Do you wish to provide gener	al public comment, or	to speak for or agai	nst a proposal on	the agenda? () For proposal
Name: AWG	et Kida	an e		() Against proposal) General comments
Business or Organization Affil	iation: 61064	dworlds	Kidane	2 AUS OCI	ates
Address: 12/5 Street	"K" st	SAC		24	95758
Business phone: 916-7				State	Zip
CHECK HERE IF YOU ARE	E A PAID SPEAKER	AND PROVIDE CI	LIENT INFORMA	TION BELOW:	
Client Name:	AHH -L	NET KE	EY - DAN	E Phon	e #:
Client Address:					
Street		City		State	Zip

Please see reverse of card for important information and submit this entire card to the prociding afficiency of the process of