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| Ma. 17, 2016 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Cas | se No. |
|---------------------------------------|-------------------------------------------------------|---------------------------------------|--------|
| I wish to speak before the | Vame of City Agency, Department, Committee o | or Council | andre |
| Do you wish to provide general pub | olic comment, or to speak for or against a propos | sal on the agenda? (F) For proposal | |
| Name: Mark Rya. | vec | () Against prop () General com | |
| Business or Organization Affiliation: | Venico Staleholdes, | Hrsc. | |
| Address: 1615 Andol | usia le Venice a | f 90291 | |
| Business phone: 310 871 62 | usia de Venice Co 65 Representing: Venice ves | state Zip | |
| | PAID SPEAKER AND PROVIDE CLIENT INFO | | |
| Client Name: | | Phone #: | |
| Client Address: | | | |
| Street | City | State Zip | |

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| Date 3/17/16 | 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 | Home Cossies 9 Porety C Name of City Agency, Department, Committee or | Omunt le | , |
| Do you wish to provide general | public comment, or to speak for or against a propos | sal on the agenda | ? For proposal |
| Name: <u>Laque</u> Business or Organization Affiliat | 1 Beard | 1) | () Against proposal () General comments |
| | \bigcirc 7 | | |
| Address: 725 | City | State | Zip |
| Business phone: | | | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INFO | DRMATION BEL | ow: |
| Client Name: | | | Phone #: |
| Client Address: | | | |
| Street | City | State | Zip |

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| , o , | | | | |
|--------------------------------------------|----------------------|-------------------------------------------------------|-----------------------|---------------------------------------------------------------|
| Date 3/17/16 | | 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, Committ | ee or Council | , |
| Do you wish to provide gene Name:RosE F | PARK | | roposal on the agenda | ? (For proposal () Against proposal () General comments |
| Business or Organization Aff | filiation: BUSINE | 22 | | |
| Address: 550 C | POIKER ST | City | State | 90013 Zip |
| Business phone: | Representi | ng: | | |
| CHECK HERE IF YOU AF | RE A PAID SPEAKER AN | D PROVIDE CLIENT | INFORMATION BEL | ow: |
| Client Name: | | | F | Phone #: |
| Client Address: | | | | |
| Street | | City | State | Zip |

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| EXCEPTIOTHE | EXTENT NECESSARY FOR THE PRESIDING OFF | TICER TO CALL UPON TOU |
|--------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 3-/7-/6 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. $14-1656-51$ |
| I wish to speak before the | Name of City Agency, Department, Committee o | or Council |
| | blic comment, or to speak for or against a propo- | sal on the agenda? (x) For proposal () Against proposal |
| Name: Martha Co | x-Nitikman | () General comments |
| Business or Organization Affiliation | : Bldg Owners & Man | agers Asso. (BOMA) |
| Address: 700 S, F/01 | wer \$4, \$590 LA CA | 90017 |
| Business phone. Street -266 | 2 x l OS Representing: BOM A | State Zip |
| | PAID SPEAKER AND PROVIDE CLIENT INFO | ORMATION BELOW: |
| Client Name: Sel abov | Le | Phone #: |
| Client Address: | | |
| Street | City | State Zip |

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| Date 03-14-20() I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. The of City Agency, Department, Committee | Council File No., Agenda Item, or Case No. |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------|
| Do you wish to provide general public | comment, or to speak for or against a prop | osal on the agenda? () For proposal |
| Name: Steph ANIC | CAMPBELL | () Against proposal () General comments |
| Business or Organization Affiliation: | | |
| Address: Left Street Street Business phone: H2H-7/2- | Representing: | State Zip |
| CHECK HERE IF YOU ARE A PAU | D SPEAKER AND PROVIDE CLIENT IN | CORMATION RELOW. |
| CHECK HERE IF YOU ARE A PAIL | D SPEAKER AND PROVIDE CLIENT IN | ORWATION BELOW: |
| Client Name: | | Phone #: |
| Client Address: | | |
| Street | City | State Zip |

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| Date 3/17 | 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 | ee or Council |
| Do you wish to provide general pul | blic comment, or to speak for or against a pro | oposal on the agenda? (,) For proposal |
| Name: PATTI BE | RMAP | () Against proposal (General comments |
| Business or Organization Affiliation | : | |
| Address: 541 S 5PR | 110G ST, LA | CA 90013 State Zip |
| Business phone: | | |
| CHECK HERE IF YOU ARE A | PAID SPEAKER AND PROVIDE CLIENT I | NFORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address: | O'th. | |
| Street | City | State Zip |

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| Date MM 17,2016 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Ca | | |
|----------------------------|--------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|--|
| I wish to speak before the | Name of City Agency, Department, Committee | or Council | | |
| | al public comment, or to speak for or against a propagation: | | For proposal Against proposal General comments | |
| Address:Street | | | | |
| | City Representing: | State | Zip | |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT IN | FORMATION BELOW | /: | |
| Client Name: | | Pho | one #: | |
| Client Address: | City | State | Zip | |

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| Max 17, 2016 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No. | , Agenda Item, or Case No. |
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| I wish to speak before the | Name of City Agency, Department, Committee of | r Council | |
| Name: ERIC ARE | | sal on the agenda? | P () For proposal () Against proposal () General comments |
| Business or Organization Affiliation: | LA CHIO | | |
| Street Business phone: | City Representing: | State | Zip |
| CHECK HERE IF YOU ARE A P | PAID SPEAKER AND PROVIDE CLIENT INFO | | w: |
| Client Address: | City | State | Zip |

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| Date 17, 2016 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Ca | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|
| I wish to speak before the | Homeless 3 Povezi Name of City Agency, Department, Committee | orCouncil | |
| Do you wish to provide general Name: Pete WG Business or Organization Affiliat | | osal on the agenda? | () For proposal () Against proposal () General comments |
| Address:Street | | | |
| Street | City | State | Zip |
| Business phone: | Representing: | | |
| | A PAID SPEAKER AND PROVIDE CLIENT IN | | hone #: |
| Client Address:Street | City | State | Zip. |

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| Date 3 / 17 / 16 | 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, Committee | or Council | |
| Name: LAURA H | oublic comment, or to speak for or against a propo ILL on: SOUTH PARK BID | osal on the agenda? | ? () 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 INF | ORMATION BELO | w: |
| Client Name: | | PI | hone #: |
| Client Address: | | | |
| Street | City | State | Zip |

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| 3-17-16 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | ++-Z & | ∍ No. |
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| I wish to speak before the | Name of City Agency, Department, Comm | ittee or Council | |
| Do you wish to provide general pu | ublic comment, or to speak for or against a | proposal on the agenda? () For proposal | |
| Name:B(| air Besta | () Against propo | |
| Business or Organization Affiliation | n: historic Cr | -e 20 | |
| Address: | | | |
| Street | City | State Zip | |
| Business phone: | Representing: | | |
| Client Name: | PAID SPEAKER AND PROVIDE CLIEN | · · · · · · · · · · · · · · · · · · · | |
| Client Address: Street | City | State Zip | |

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| | | | | 172.17 (2)17.19 |
|-----------------------------------|-------------------|-----------------------------|-----------------------|-------------------------------|
| Date | | Y COUNCIL'S RULES OF | | No., Agenda Item, or Case No. |
| I wish to speak before the | Name of City A | gency, Department, Comr | nittee or Council | |
| Do you wish to provide general | public comment, o | r to speak for or against a | proposal on the agend | da? () For proposal |
| Name: Perm f | Aus | | | () General comments |
| Business or Organization Affiliat | ion: THE | PATKONICH | COMPAN | 2 |
| Address: 700 5 - Street | Fronte | IA | CA | 900 |
| Business phone: 2371 | | | 8 Luc State | Zip |
| CHECK HERE IF YOU ARE | | | T INFORMATION BE | LOW: |
| Client Name: | | | | Phone #: |
| Client Address: | | | | |
| Street | | City | State | Zip |

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| MARCH 17,200 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File I | No., Agenda Item, or Case No. | |
|----------------------------------------------------------------------------|-------------------------------------------------------|------------------|-------------------------------------------|--|
| Titlott to opedat perete and | THE OF City Agency, Department, Committee of | or Council | | |
| Do you wish to provide general public | c comment, or to speak for or against a propo | sal on the agend | da? () For proposal | |
| Name: THE MIDNI | | | () Against proposal () General comments | |
| Business or Organization Affiliation: _ | NON-PROFIT | | | |
| Address: 601 South 5 | ANPEDRO COSANGELE | S CA | 90014 | |
| Business phone: 213/624-92 | 58 Representing: SEAN O | NET | Zip | |
| 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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| 1 AM HIS STORE | | | |
|-------------------------------------|-------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|
| Date 3/17/2016 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, or Case No. | |
| wish to speak before the | oneless and Poverty Comitee | | |
| | Name of City Agency, Department, Committee of | r Council | |
| Name: Hersson Pre | | | a? (🗡) For proposal () Against proposal () General comments |
| Business or Organization Affiliatio | n: Broadway Business Coalitie | 1 | |
| | 24 Pl Los Augeles City | CA | 90037 |
| | OOO/Representing: CREM (MEX | State | Zip |
| | PAID SPEAKER AND PROVIDE CLIENT INFO | ORMATION BEL | .ow: |
| Client Name: | | | Phone #: |
| Client Address: | | | |
| Street | City | State | Zip |

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| Date 31 17 1 16 | 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 gener | ral public comment, or to speak for or against a propo- | sal on the agenda | () Against proposal |
| Name: | | | () General comments |
| | liation: | | |
| Address:Street | City | State | Zip |
| Business phone: | Representing: | | |
| CHECK HERE IF YOU ARI | E A PAID SPEAKER AND PROVIDE CLIENT INFO | DRMATION BELO | ow: |
| Client Name: | | P | hone #: |
| Client Address: | | | |
| Street | City | State | Zip |

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| Date 31(2/ | (4 | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | | J1 | Council File No., Agenda Item, or Case No. | |
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| I wish to speak be | fore the | Name of City Agency, | P Com | | ncil | |
| Do you wish to pro | ovide general po | ıblic comment, or to spe | eak for or against | a proposal or | the agend | da? () For proposal |
| Name: | Caron | 5 cmet 3 | | | | () Against proposal () General comments |
| Diversing and Owner | limation Affiliatio | | CCA | | | |
| Address: | 624 | wilshe | 312 | # 20 | 0 | |
| S | Street | | City | | State | Zip |
| Business phone: | | Representing | g: | | | |
| CHECK HERE IF | YOU ARE A | PAID SPEAKER AND | PROVIDE CLIE | ENT INFORMA | ATION BE | Phone #: |
| Client Address: | | | | | | |
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| Date 3/17//6 I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Howelessness & Power Name of City Agency, Department, Committee of City Agency, Department, City Agency, Department, City Agency, Department, City Agency, Department, City Agency, Cit | Council File No., Agenda Item, or Case No. Then # I Council File No., Agenda Item, or Case No. |
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| Do you wish to provide general Name: | public comment, or to speak for or against a propo | sal on the agenda? () For proposal () Against proposal () General comments |
| Business or Organization Affilia Address: | Spenie St Olive St # | 908 LA CA 900/4 |
| Business phone: 213-4 | 40 -0242 Representing: City Self | State Zip |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INF | ORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address:Street | City | State Zip |