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Date 1/39/15		CIL'S RULES OF BE ENFORCED.	Council File	e No., Agenda Item, or Case No.
I wish to speak before the	Housing Dy Name of City Agency, D	owther epartment, Commi	ttee or Council	4-1697-S1
Do you wish to provide general Name:	public comment, or to spea	ık for or against a μ	proposal on the age	nda? ( ) For proposal ( ) gainst proposal ( ) General comments
Business or Organization Affilia Address: 1906 W Street	tion: ONE JLI	deet 1	A CE	90018
Business phone: Street 310 62	1 0336 Representing:	City	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND I	PROVIDE CLIENT	INFORMATION B	ELOW:
Client Name:			3	_ Phone #:
Client Address:		City	State	Zip

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Date 1/28/2615		OUNCIL'S RULES OF VILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before theI	LA C: Ly Coun Name of City Agend	cy, Department, Commit	tee or Council	-1697-51
Do you wish to provide general put	olic comment, or to	speak for or against a p	roposal on the agenda	? ( ) For proposal
Name: Azucena Barill				( ) Against proposal General comments
Business or Organization Affiliation	: Ohe L	A-IAF		
Address: 435 5 Oction	Sental Block	LA	CA State	90057 Zip
Business phone: 213-743		,	210.10	<u> </u>
CHECK HERE IF YOU ARE A F			INFORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:				
Street		City	State	Zip

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Date 1/28/15	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 of	14-1697-S1 or Council
Do you wish to provide general	public comment, or to speak for or against a propo	
Name: Elsa Chago	olla	( ) Against proposal ( ) General comments
Business or Organization Affilia	tion: Inquilinos Unidos (Uni	ted Tenants)
Address: 1930 Wi Street	tion: Inquilinos Unidos (Unidos (Unido	eles ch 90057 State Zip
	Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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EXCELLIO	THE EXTENT NECESSART FOR THE PRESIDING OFF	ICENTO CALL OF ON TOO
Date / /28/15	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	14-1697-51 O'Council
Name: CAROL S		Against proposal General comments
	on: speaking as an ind Sunset Blod # 102, PACE	
Business phone: 535 758.5	Representing: Self  A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date / - 2 5	DECORU	COUNCIL'S RULES OF M WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
	Name of City Ag	ency, Department, Commi	ttee or Council	
Do you wish to provide gen Name: Susiness or Organization A	05 82	to speak for or against a	oroposal on the agenda?	( ) For proposal ( Against proposal ( General comments
Address:				
Street		City	State	Zip
Business phone:	Repres	senting:		
CHECK HERE IF YOU A				hone #:
Client Address:				
Street		City	State	Zip

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Date 1 ~ 28 - 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		e No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Comm	Committee or Council	e 14-1697
Do you wish to provide general Name:	public comment, or to speak for or against a	proposal on the age	nda? ( ) For proposal (X) Against proposal General comments
Business or Organization Affiliation Affiliation Address: U2 world		CA	90013
Street Business phone: 2/3/841 -	City  3 9 0 5 Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION B	ELOW:
Client Name:			_ Phone #:
Client Address:	City	State	Zip

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Date 1-28-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	13/5/4 47 8
I wish to speak before the	Name of City Agency, Department, Comm	14-1697-SI nittee or Council
Do you wish to provide general po	ublic comment, or to speak for or against a	
Name: DARIAN	TAMES	( ) Against proposal (—) General comments
Business or Organization Affiliatio	n: LA CAN & SEL	F
Address:	LA	90012
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BELOW:
Client Name:	,	Phone #:
Client Address:		
Street	City	State Zip

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Jan 28 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	A City Hous Ing Consinue's S. Name of City Agency, Department, Committee or	267) Council	14-1697-51
Do you wish to provide general p	public comment, or to speak for or against a propose		a? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: LACAN		_
Address:Street	City	State	Zip
	Representing:		Σίρ
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Date 1-28-15	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 of		14-1697-51
	Name of City Agency, Department, Committee of	or Council	
Name: Duc Ay	1 N-CMA	osal on the agend	da? ( ) For proposal ( ) Against proposal ( ) General comments
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 1/28	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	HOUSE COMM  Name of City Agency, Department, Committee	i++eg 14-1697-51 or Council
Do you wish to provide general postulation Affiliation Name: DM QV P		osal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Address:	Ø	Stafle Zip
Business phone:	Representing:	A State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 1/28/2015	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	Housing Committee  Name of City Agency, Department, Committee or	Council	14-6697-51
	oublic comment, or to speak for or against a propose pnik Chulsky		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street			
Street	City	State	Zip

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Date //28 /15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the	Housing Committee  Name of City Agency, Department, Committee		-1697-51
Name: Joel	public comment, or to speak for or against a propo		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliation	to Pl LA	C Surviva	90020
Business phone: Street	City  Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
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.
1-28-15	DECORUM WILL BE ENFORCED.	8
*1	2	
I wish to speak before the Housing	Committee	14-1697-51
N	ame of City Agency, Department, Committee	or Council
Do you wish to provide general publi	c comment, or to speak for or against a prop	osal on the agenda? ( ) For proposal
	/ / //	( ) Against proposal
Name: //cuard	L, Heec	( ) General comments
Business or Organization Affiliation:	Structural Engineers	Assoc of So Cal.
Address: 26529 Ma	gzer Dr Raucho Palos	Verdes G
Business phone: 310375	5296Representing: SEAOSC	State Zip
	Troprocenting.	
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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EXCELL 10	THE EXTENT NECESSARTI FOR THE PRECIDI	ING OFFICER TO CALL OF ON TOO
Date 1/28/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	1 1
I wish to speak before the	411/11/19 WOLKEN	13 UNIO4 CF /9-1617-3
	Name of City Agency, Department, Com	mittee or Council
Name: ERART	al public comment, or to speak for or against a Do TErry Acos  ation: UTILity Workers  abrillo Park Drie  34-0552  Representing: UTIL	( ) Against proposal ( ) General comments
	A PAID SPEAKER AND PROVIDE CLIEN	
Client Name:		Phone #:
Client Address:	City	State Zip
2001	,	

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EXCELLIOI	THE EXTENT NECESSARY FOR THE PRESIDIN	d of Fidelit To GALL of Git Too
Date 01/28/2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	The state of the s
I wish to speak before the	Hous ING COMMITTEE  Name of City Agency, Department, Comm	14-1697-S1 hittee or Council
Do you wish to provide general	public comment, or to speak for or against a	proposal on the agenda? ( ) For proposal
Name:	JE GREATER LA. JIM	CLARKE ( ) Against proposal ( ) General comments
Business or Organization Affiliati	ion: AABLA	
Address: 621 Street	Westonneland Are C.A.	State Zip
Business phone: 213-384-		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:
Client Name: Af	BLA	Phone #:
Client Address:Street	City	State Zip