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Date ///// // // I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. OUS NO COMMITTEE Name of City Agency, Department, Committee	Council File No., Agenda Item, or Case No. ITEM #1 14-1705 tee or Council
	public comment, or to speak for or against a property of the second of t	() Against proposal
Address: 1150 S. Ho	OPE LA.	CA 90015 State Zip
,	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 11115	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 C	14-1705 Council
Do you wish to provide general	public comment, or to speak for or against a proposa	Il on the agenda? For proposal
Name: Cunt	hia Chavez	() Against proposal () General comments
Business or Organization Affiliat	ion: Safe Refuge (formerly Substan	nce Albuse Foundation of Beach
Address: 1041 Redor	ido Avenue, Long Beach	CA 90804
Business phone: 5(2) 98	1-5722 Representing: SAFE Refug	e (formerly SAFLB)
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 11415	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	14-1705
Do you wish to provide general p Name:		posal on the agend	a? () For proposal () Against proposal () General comments
Address: 150 s Hope		CA State	90015 Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN		
Client Name: Client Address:	City	State	Phone #:

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EXOLIT TO THE	EXTENT NEOLOGARIT FOR THE TREGIDING C	THOER TO CALL OF ON TOO
Date 1/14/15	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	e or Council
Do you wish to provide general pu Name: <u>Ronald Ma</u>	blic comment, or to speak for or against a pro	() Against proposal
Business or Organization Affiliation	ı:	
Address: 315 W Av L 3	300 ApT 204 Ly City	9 90015 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	Cia.	Chale
Street	City	State Zip

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Date 1-14-15	THE CITY COUNDECORUM WILL		Council File No	., Agenda Item, or Case No.
I wish to speak before the	HonsiNC	e Commit	lee	14-1705
	Name of City Agency, De	epartment, Committee	or Council	9
Do you wish to provide general p	ublic comment, or to spea	k for or against a propo	sal on the agenda	? (For proposal
Name: Sharon	W./son			() Against proposal () General comments
Business or Organization Affiliation	\sim .	LA		
Address 150 5 Ho		LA	CA	90015
Street Business phone: 3d 3 741-	10 101	City	State	Zip
CHECK HERE IF YOU ARE A			ORMATION BELO	ow:
Client Name:			F	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 Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	or Council
Do you wish to provide general pub	olic comment, or to speak for or against a propo	osal on the agenda? () For proposal
Name: Mary Flecker Business or Organization Affiliation	enstein DAS /A	() Against proposal () General comments
		'A G
Address: 1150 Hope Street	STLA	CA 10015
Business phone: 2/3-741-		State Zip
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date - 14-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theN	ame of City Agency, Department, Committee o	or Council
Do you wish to provide general publi	c comment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: 51 C		() Against proposal () General comments
Business or Organization Affiliation:	PANS LA	2
Address: 150 S. H6	AT TA LAA	State Gold
Business phone: 213541		LA
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 1/14/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. I tem 1
I wish to speak before the	Housing Name of City Agency, Department, Committee	or Council
Name: Dariu	sblic comment, or to speak for or against a proposition on Krzemion K	
Business or Organization Affiliation	PAWS-LA	
Address: 1/50 5.	Hope St #	A LA CA 900/ State Zip
Business phone:	Representing:	774
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 1 14 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Hem	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of		1-1705
Do you wish to provide general p	ublic comment, or to speak for or against a propo	sal on the agenda	a? () For proposal
Name: OWW	Olivares		Against proposal General comments
Business or Organization Affiliation	on: PAWS/LA		
Address: 150 5. Hope	2 St Ste A LA	State	9005
Business phone: 23741-19		LA	Δip
,	7	ORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip