15-0002-559

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

Council File No., Agenda Item, or Case No.

I wish to speak bet		e of City Agency, Department, Comm	ittee or Council	
Do you wish to pro	1)	omment, or to speak for or against a	proposal on the agenda? ((() For proposal) Against proposal) General comments
Business or Organ	ization Affiliation:			
Address:	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Fa .	Phor	ne #:
Client Address:	Ohorad	07.	Charles	7:
	Street	City	State	Zip

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

Date	10-5-2015

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

Council File No., Agenda Item, or Case No.

I wish to speak before		of City Agency, Department, C	ommittee or Council	
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Memorandum CITY OF LOS ANGELES SPEAKER CARD (15-31) IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. Date THE CITY COUNCIL'S RULES OF Council File No., Ag

06-5-15 (ENSOrShip WILL BE ENFORCED. Violations Council File No., Agenda Jem, or Case No. BitcH BitCH BitCH MO4 I wish to speak before the ____CONTEMPTUOUS Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name: herman herman herman (ENSORSHIP () General comments Business or Organization Affiliation Representing: Public Interest ALL VA & homeless

6/5/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	DIEM 15-0002-3	
I wish to speak before the	Otty Covncile of City Agency, Department, Committee	or Council	
	omment, or to speak for or against a propo		
Name: KATHERINE &	Jelson		proposal I comments
Business or Organization Affiliation:	S.A.F.E		
Address: 10910 Walnu	Hepresenting: RESIDENT	State Zip	40
Business phone: $818-601-1319$	Representing: Recipent	MAC.	
,	SPEAKER AND PROVIDE CLIENT INF		
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Council File No., Agenda Item, or Case No.

6515	DECORUM WILL BE ENFORCED.	15-000	02-S59
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	Name of City Agency, Department, Committee	ee or Council	
	oublic comment, or to speak for or against a prose Blve Monkey ion: Concerned at 13e	oposal on the agenda?	P (V) For proposal () Against proposal () General comments
Address: 9767 Foo	thill Place Sylmo	or CA	91342
Business phone: 323445	8774 Representing:	State	ZIP
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT I	INFORMATION BELO	W:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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Date 6/5/2015		NCIL'S RULES OF L BE ENFORCED.	Council File No.	o., Agenda Item, or Case No. 7 -150002 - S59
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	ramo or only rigorioy,	Dopartmont, Committee	0.000	
Do you wish to provide general p	ublic comment, or to spe	eak for or against a propo	osal on the agenda	
Name: ANN JOB				() Against proposal () General comments
Business or Organization Affiliation	on: SYLMAR	NATOMBORHOOD	COUNCIL,	PRESIDENT
Business or Organization Affiliation Address: 14047	DUTUDOD DR.	SYLMAR	CA	91342
Street Business phone: 818/364-	9318 Representing	g: <u>Self</u>	State	Zip
CHECK HERE IF YOU ARE A			ORMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:				

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City

Street

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State

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Date I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda item, or Case No.
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Address:Street	City	State	Zip
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	A PAID SPEAKER AND PROVIDE CLIENT INF		ow:
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Street	City	State	Zip

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

Date 5/5/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Name: Down Ja	cobs	Against proposal () General comments
Business or Organization Affiliation:		
Address: 10187 Street	ehurst Ave, Sun	Valley (A 91352
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Client Address:Street	City	State	Zip
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW	
Business phone: 310-5	02-7928 Representing: SHPDA		
Address: 70435 Street	Mary Bell Sunland D2-7928 Representing: SHPDA	State	Zip
Business or Organization Affilia	ation: SHADOW HILLS PROPERT	Y OWNERS	ASSN.
Name: DAVID 7	DE PINIO	() General comments
	l public comment, or to speak for or against a propo	sal on the agenda? (> For proposal Against proposal
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6-5-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Aç	genda Item, or Case No.

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Address: 900 La Street	Canada	Wa, 2	Shadau (f. 1)s	CA 91040
Business phone: 818-44	Representir	ng:		
CHECK HERE IF YOU ARE A	PAID SPEAKER ANI	D PROVIDE CL	LIENT INFORMATION BE	ELOW:
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Client Address:Street		City	State	Zip

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Date 6 5	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
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Client Address:Street	City	State Zip			

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