15-0002-5108

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Date /	THE CITY COUNCIL'S RULES OF	Council File Non	genda Item, or Case No.
10/15/15	DECORUM WILL BE ENFORCED.	1 38	
10/10/10	1 0 1		
I wish to speak before the	ity Council		
Na	me of City Agency, Department, Committee or	Council	
			/ S Fan avanage
Do you wish to provide general public	comment, or to speak for or against a proposa	on the agenda?	For proposal  ( ) Against proposal
Name: Seve Dun	woody		( ) General comments
	The Hair T	01 / /-	
Business or Organization Affiliation: _	THE VET VOICE +	oundatio	7)
	idury Los Angeles	CA	90013
Street	City	State	Zip
Business phone: 3/3420928	2 Representing: /etevans	5	
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOV	V:
Oli and Millian		DI.	II
Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip

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Date 15,2015	THE CITY COUNCIL DECORUM WILL BI		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depart	artment, Committee or C	Council	
Do you wish to provide general p	^		on the agenda	? (X) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: The Wilderness	Sowity		
Address: 714 W 019		1	State	90015
Business phone: 310 415 6		,,,,	State	Σιρ
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			F	Phone #:
Client Address:		city	State	7in

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

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Date 12.15, 7015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.	
I wish to speak before the Po	Name of City Agency, Department, Committee or		ndation.	
Do you wish to provide general p	public comment, or to speak for or against a proposa	l on the ager	nda? ( For proposal	
Name: Martin Mai			( ) Against proposal ( ) General comments	
Business or Organization Affiliation	on: Calvery chapel Nsembly a	of God	el serena, cr	
Address: 5375 POR/a	r Blud Los Angeles	C/A State	9003Z	
	~2529 Representing: Hispanic Acce			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:	City	State	Zip	

Please see reverse of card for important information and submit this entire card to the preciding officer or shall record to the preciding officer or shall reco

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Date 12-15-15	THE CITY COUNCIL'S R	OLEO OI	le No., Agenda Item, or Case No.		
I wish to speak before the	City (DUNCI)  Name of City Agency, Departme		<u>S</u>		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (*) For proposal  ( ) Against proposal					
	LAR and MARIA		( ) General comments		
Business or Organization Affiliati	ion: (COFEM) Consejo	de federaciones	s Mexicanas		
Address: 1148 W. G/	AGE AVE. LOS	Angeles CA	9004		
Address: 1148 W- GAGE AVE. LOS Avgeles CA 90044  Business phone: (323)836-2180 Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #:		
Client Address:	01	0	7		
Street	City	State	Zip		