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Date 11/20/15	THE CITY COUNCIL' DECORUM WILL BE		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depart			
Do you wish to provide general provide Mame: 10ama Ro	·	r or against a prop	osal on the agenda	? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	n: United Way	Home For	Gwd	ands
Street  Business phone:	Cit	Horne For	State Rood & Comm	munity Partners
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT IN	FORMATION BELO	ow:
Client Name:			P	Phone #:
Client Address:Street	Cit	v	State	Zip

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Date 11 20 20 5	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	COMMITTEG Council		
Do you wish to provide general p	public comment, or to speak for or against a proposal	on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments		
Business or Organization Affiliation	on: ISSUES AND SOLLIT	TONS		
Address: 1626 N. V. Street	City	50), CA - 900 8		
Business phone: 333.445	Representing: SUS POW	PESIDEMS		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:	City	State Zin		

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Nov 29,	2015	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCED		lo., Agenda Item, or Case No.	
I wish to speak befo	ore the Ha	Omefessness & Pove	ets Commit	Hel	
		Name of City Agency, Department, Committee or Council			
Name: Gen	zation Affiliation:	ic comment, or to speak for or against a DogoN  LA CAN	a proposal on the agend	a? ( ) For proposal ( ) Against proposal ( ) General comments	
Address:	Street	City	State	Zip	
Business phone: _		Representing:			
CHECK HERE IF	YOU ARE A PA	AID SPEAKER AND PROVIDE CLIEN	NT INFORMATION BEL	.ow:	
Client Name:				Phone #:	
Client Address:					

# 15-0217

# CITY OF LOS ANGELES SPEAKER CARD

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Nov 20, 2015	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	nm, ttee
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	
Business or Organization Affiliation	n: LA CAN	
Street	City	State Zip
Business phone:	Representing:	
	PAID SPEAKER AND PROVIDE CLIENT INF	
Ollent Name.		T Holle #.
Client Address:		
Street	City	State Zip

CITY OF LOS ANGELES SPEAKER CARD

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YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU TO ME CASS

Date ///2/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	eName of City Agency, Department, Committee o	O UN C	1
Do you wish to provide g	eneral public comment, or to speak for or against a propo	sal on the agenda?	( ) For proposal
Name:	Sho WA LSH		Against proposal     General comments
Business or Organization	Affiliation:		
Address:Stree	et City	State	Zip
Business phone:		State	Z-IP
CHECK HERE IF YOU	ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW	/:
Client Name:		Pho	one #:
Client Address:	et City	State	Zip

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Date 11-20-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Spelial medan	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Homelessness & Powerty Name of City Agency, Department, Committee of	or Council	
Do you wish to provide gener	ral public comment, or to speak for or against a propo	osal on the agenda? ( ) For proposal	
Name:Business or Organization Affi	Antonia Jamini	( ) Against proposa ( ) General comme	
Address:Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zin	

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Date 11, 20, 15	THE CITY COUNCI		Council File No.	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep		r Council	
Do you wish to provide general	public comment, or to speak	for or against a propos	sal on the agenda?	( ) For proposal  Against proposal
Name:	Wwy,	no		( ) General comments
Business or Organization Affiliat	ion:			
Address:Street		City	State	Zip
Business phone:		•		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	OVIDE CLIENT INFO	DRMATION BELOV	w:
Client Name:			Ph	one #:
Client Address:		Citv	State	Zip