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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 6 (8) 26 5	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	1	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Con	mmittee or Council	DCF 15~07
Do you wish to provide general p	public comment, or to speak for or agains	st a proposal on the agenc	la? () For proposal () Against proposal
Name: GENER	CAL JEFF		() General comments
Business or Organization Affiliation	on: ISSUES AND S	SCHANDE	
Address: 1626 N. V.	4/ 4/60X AVE # 924 14	OLTVOD, CA	20028
Business phone: 33,445	Representing: SKB P	on bestrand	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BEI	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip
Olloct	Oity	Otato	214



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	7		
Date	THE CITY COUNCIL'S RULES OF	Council File I	No., Agenda Item, or Case No.
6/18/15	DECORUM WILL BE ENFORCED.		7
	Ad Hoc or		-6 15 -000
I wish to speak before the	Homelessness Committ	ee	V 15-012
	Name of City Agency, Department, Committee of		
	public comment, or to speak for or against a propo	sal on the agend	() Against proposal
Name: Mile Rus			() General comments
Business or Organization Affiliati	ion: Wilshire Center Busin	ness Imp	provement District
Address: 3600 Wild	shire Blue Los Angeles	State	90010 Zip
Business phone: 213-321-	-6163 Representing: WCBID)	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEI	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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1 1			
I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. A Committee of City Agency, Department, Committee	smess Cf	Agenda Item, or Case No.
Do you wish to provide general publi Name: Business or Organization Affiliation:	c comment, or to speak for or against a propose	_	/ \ Amainst proposal
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	ID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		P	hone #:
Client Address:	City	State	Zip



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Date 6-17-15	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 o	~	15-0727
	ablic comment, or to speak for or against a propose	sal on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliation Address: 1358 ABC	T KINNEY BLVD VE	NCC NCA State	90291
Business phone: 310 804 6	PRepresenting:	State	Zib
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	W:
Client Name:		Pr	none #:
Client Address:Street	City	State	Zip



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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date	THE CITY C	OUNCIL'S RULES OF	Council File	No., Agenda Item, or Case No.
1/8/15		WILL BE ENFORCED.	フ	*
I wish to speak before the	HOMELESS	Couron	mother	CF \$ 15-072
•	Name of City Agend	cy, Department, Commit	tee or Council	
Do you wish to provide general p		speak for or against a p	roposal on the agen	Against proposal
Name: KALL	Cott			General comments
Business or Organization Affiliati	on: LAC	AN		
Address: 838 E	6th ST	LA	CA	90021
Business phone: 3/3-228-00		CIEV	State	Zip 7
CHECK HERE IF YOU ARE A			INFORMATION BE	ELOW:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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Date 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Arenda Item, or Case No.
I wish to speak before the	Ad Hoc Committee o	
1	Name of City Agency, Department, Committee	or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agenda? () For proposal Against proposal
Name:	nan previous	General comments
Business or Organization Affiliation	on:	
Address:Street		
Business phone:	Representing:NbMe	Pless Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name: Senat	for's who dislike V	acism Phone #:
Client Address:	City	State Zip



Date 6-17-15		CORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the		Committee on homeless		15-0727
Do you wish to provide general		city Agency, Department, Committent, or to speak for or against a pr) For proposal
Name: Gina Mas	low		() Against proposal ×) General comments
Business or Organization Affiliat	ion:			
Address: 234 Berno	ard Av	Venice	Ca	90291
Business phone: 310 391-7	248 F	City Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPE	AKER AND PROVIDE CLIENT	INFORMATION BELOW	:
Client Name:			Pho	ne #:
Client Address:		City	State	Zip

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			•
Date 06/18/2015 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. AS HOCONCERNING THE COMMITTEE OF COMMITTE	J 2 15-	, Agenda Item, or Case No.
	c comment, or to speak for or against a propo		? () For proposal () Against proposal General comments
Business or Organization Affiliation:	Down Jour Women Acti	au Calini	on Of LACAN
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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Date 06/18/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Ad hoc Committee or	Homeless Ness
	Name of City Agency, Department, Committee or	Council
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	al on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliati	1 41 - 1	ing Coglition
Address: 1701 1	MORTON ATON	State 94026
Business phone: 213-4	00 Representing: MI	WE WE
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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		CH 13-010
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
June 18, 601)	DECORUM WILL BE ENFORCED.	Item Seven
I wish to speak before theAD	Hor Committee	on Homelessness
Nar	me of City Agency, Department, Committee or	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:	alhael	General comments
Business or Organization Affiliation:	420 w/ tat	Kaphael
Address:		gelos, CA 90291
Business phone: Street 202. 8	568 Representing: Street	State Je Zip
CHECK HERE IF YOU ARE A PAIL		DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 6 / (8/15) I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. And John The John Name of City Agency, Department, Committee or	2 CF	Agenda Item, or Case No. Hern 7 15-0727
Do you wish to provide ger	neral public comment, or to speak for or against a proposa	al on the agenda?	() For proposal() Against proposal
Name:	where Therefore		() General comments
Business or Organization A	Affiliation:		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU A	ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	v:
Client Name:		Ph	one #:
Client Address:	City	State	Zip

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Date 6 /18/15 I wish to speak before the	Ad Hoc on Commit Name of City Agency, Department, Com	o. 7 CF 15-07, te Horreless ress
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affilia	ation: 15 Peah. the 10	. We are the one percent.
Address:Street	Venie	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIER	NT INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip