2

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Date 1 = 20 - 16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda	? () Against proposal
Name:	DANA GLAL		() Against proposal () General comments
Business or Organization Affilia	ation: WCRKS		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

5

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Date 1 - 20 -	Name of City Agency, Department, Committee of	15-	Agenda Item, or Case No.
Do you wish to provide gene	eral public comment, or to speak for or against a propo	sal on the agenda?	? () For proposal () Against proposal
Name:	Channa grace		() General comments
Business or Organization Aff	iliation: WARKS		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
21 - 200 11 - 200 11 11 11	RE A PAID SPEAKER AND PROVIDE CLIENT INF		hone #:
Client Address:			—··
Street	City	State	Zip

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Date 1/20/16	THE CITY COUNDECORUM WILL		7.5	Council File No., Agenda Item, or Case I	
I wish to speak before the	Name of City Agency, D			uncil	
Do you wish to provide general pu					
Name: Jerry Business or Organization Affiliation Address: 13 05 5. Street	n: Inner	City St.	(an)	Car	ec Ganza
Business phone: (213) 891-	3224 Representing	City		State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIE	ENT INFORM	ATION BEL	ow:
Client Name:					Phone #:
Client Address:Street		City		State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
1/20/16	DECORUM WILL BE ENFORCED.		9
I wish to speak before the	Housing	7	X
	Name of City Agency, Department, Committee	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 Against proposal
Name:	V 5/2/430 V		() General comments
Business or Organization Affil	liation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date //20/KO	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	ncil File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	or Council		
Do you wish to provide general p	ublic comment, or to speak for or against a propo	osal on the agenda	a? () For proposal	
Name: 9155 (Trinh		() Against proposal () General comments	
Business or Organization Affiliation	on: SEACA			
	oad way # 209 A	CA	900/2 Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEL	ow:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	
Sireet	City	State	210	

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Date) /20/16		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the	Name of City Agen	cy, Department, Committee	or Council	
Do you wish to provide general p		speak for or against a propo	osal on the agenda?	P () For proposal () Against proposal () General comments
Business or Organization Affiliation	n:			
Address: 3591 G	nuda sr	LA	CA	90065
Street		City	State	Zip
Business phone:	Represer	nting:		
CHECK HERE IF YOU ARE A				w:
Client Address:				-
Street		City	State	Zip

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Date //20/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
wish to speak before theNan	Housins me of City Agency, Department, Committee	or Council	E
Do you wish to provide general public	comment, or to speak for or against a prope	osal on the agenda?	() For proposal
Name: Jim RIRS			() Against proposal() General comments
Business or Organization Affiliation:	CRAB EAUSON + LO		
Address: \$200 3221	HUTCHISON ILA	State	90034
Street Business phone: (300) \$38-1400	City Representing: CLC	State	Zip
	SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW	/:
Client Name:		Pho	one #:
Client Address:	City	State	Zip