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Date 1 20 16	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, Committe	tee or Council
Do you wish to provide gene Name: Mak Ua	eral public comment, or to speak for or against a pr	roposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Aff		
Address:Street	City City	State Zip
	Representing:	State 2.1p
CHECK HERE IF YOU AR	RE A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council
Do you wish to provide general pr	ublic comment, or to speak for or against a	proposal on the agenda?
Name: DATTICIA	MAllister	(X) Against proposal () General comments
Business or Organization Affiliation Address:		
Business phone: (21) VOV	PSeZ, LA, CA 950 Society City Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State 7in

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Date 20 / C	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	e or Council	
Do you wish to provide gene	eral public comment, or to speak for or against a pro	posal on the agenda?	Against proposal
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Date - 20 - 12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	e No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee o	r Council		
Do you wish to provide general put Name: Rey Fu K	olic comment, or to speak for or against a propos A Le	sal on the agend	da? (*) For proposal () Against proposal (*) General comments	
Business or Organization Affiliation	: little To kyo Senice	e Cenfe	1	
Address: 231 E. #37	dist los Angeles	CA State	90012	
Business phone: 213-413-				
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BE	LOW:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	

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Date //20		COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.,	Council File No., Agenda Item, or Case No.	
I wish to speak before the		ING COMMITTER			
	Name of City Ager	icy, Department, Committee	e or Council		
Do you wish to provide general p		speak for or against a prop	posal on the agenda?	() For proposal () Against proposal () General comments	
Business or Organization Affiliation	on: CRALL	6 LAWSON + CO, L	LL		
Address: 321 Hz	HLHISON	Ł A City	C A State	9003 y	
Business phone: 310 - 838-2					
CHECK HERE IF YOU ARE A	PAID SPEAKER	AND PROVIDE CLIENT IN	FORMATION BELO	w:	
Client Name:			Ph	none #:	
Client Address:					
Street		City	State	Zip	