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Aug 8 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 15-1022-52
I wish to speak before the		
	Name of City Agency, Department, Committee	tee or Council
Do you wish to provide generation Name: Business or Organization Affile	ral public comment, or to speak for or against a p	oroposal on the agenda? () For proposal () Against proposal () General comments
Address:	O.	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 8-8-17	THE CITY CO			Council File No.	Agenda Item, o	
I wish to speak before the	Name of City Agency	Department,	Committee or Co	ouncil		
	eral public comment, or to s		ainst a proposal		() Against	oosal proposal comments
Business or Organization A Address:	ffiliation:	4 be City	West	H / //S State	Zip	913d
Business phone:	Representi	ng:				
CHECK HERE IF YOU A	RE A PAID SPEAKER AN	D PROVIDE (CLIENT INFORM	MATION BELO	w:	
Client Name:				P	none #:	
Client Address:Street		Citv		State	Zip	

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

Date / /	THE CITY COUNCIL'S	RULES OF Council I	File No., Agenda Item, or Case No.
8/8/17	DECORUM WILL BE EI	NFORCED. 15-	-1022-52
wish to speak before the	HEALTH, EDUCATION Name of City Agency, Departm	nent, Committee or Council	tow COUNCILS
Do you wish to provide general	public comment, or to speak for cours than	or against a proposal on the ag	genda? For proposal () Against proposal () General comments
Business or Organization Affilia	tion: SILVER LAKE	,	COUNCIL
	RIVE, SILVER L		90026 Zip
Business phone:	Representing:	LNC	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip



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Date 8-8-17		E CITY COUNCIL'S RULES OF CORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before th	ne H, E y Name of C	Committee of the Agency, Department, Committee of	or Council	
Do you wish to provide of Name: 人Eのから Business or Organizatio	ARD SHA	ent, or to speak for or against a propo	sal on the agenda	() For proposal () Against proposal () General comments
Address:Stre				
Stre	et	City	State	Zip
Business phone:	F	Representing:		
CHECK HERE IF YOU Client Name:		AKER AND PROVIDE CLIENT INF		OW: Phone #:
Stre	et	City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD PUPPETS NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. 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

Date 2017	THE CITY COUNCIL'S ARI	CEDNO FUCKEN	o., Agénda rem, or Case No.
I wish to speak before			
	Name of City Agency, Department, C	ommittee or Council	
	ublic comment, or to speak for or again		? () For proposal Against proposal
Name:	FUCK WHITE Niggs	as herman	General comments
	n:	A	1
Address: Volunteer.	City		Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A			
Client Name: Ralph M. ACT	Brown		5
Client Address:		NOW IN	
Client Address: Street 54	950 City	CA SAC	Zip 90012
Please see reverse of card for	r important information and submit this	entire card to the presiding	officer or chairperson.

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Date 8-8-17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	īt.	File No. Agenda Item, or Case No.
I wish to speak before the	Health et al Name of City Agency, Department, Con	mmittee or Council	
	al public comment, or to speak for or agains		
Business or Organization Affilia	ation: Sun Valley Ale	a Neighbo	rhood Council
Address: //2 // Street	ation: Sun Valley Ale Cohasset St Sun	Valley CA State	91352 Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION	BELOW:
Client Name:			Phone #:
Client Address:	City	State	Zip



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

Date 8/8/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or C	Council	nte
Do you wish to provide general purples 1 Name: Charles 1 Business or Organization Affiliation		I on the agend	a? () For proposal () Against proposal General comments
Address:Street	City	State	Zip
	Representing:	State	Z.ip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:	Cit.	04-4-	7:-
Street	City	State	Zip



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Date 8/9/17		COUNCIL'S RULES OF WILL BE ENFORCED.		lo., Agenda Item, or Case No.
I wish to speak before the		ncy, Department, Committee		
Do you wish to provide general Name: ATRUA	Begen	AN	osal on the agend	a? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: DUAd	JC		
Address: 54/ 5 SP			C A State	90013 Zip
Business phone:	Represe	enting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT INF	ORMATION BEL	.ow:
Client Name:				Phone #:
Client Address:		City	State	Zip

2			
Date 8 / 8 / 7	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
Do you wish to provide general provide	ublic comment, or to speak for or against a prop	oosal on the agenda?) For proposal
Name: OANNE	YVANEK- GARB) Against proposal) General comments
Business or Organization Affiliation	on: WEST WILLS	100	
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip

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

C/8/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
I wish to speak before theName	Deightorhoods Committee of City Agency, Department, Committee		
Do you wish to provide general public con	nment, or to speak for or against a propo	osal on the agenda? (
Name: Doug Fitzsimi	n on s	() Against proposal) General comments
Business or Organization Affiliation:	SORO NC		
Address: 9130 w. 24th S. Street	1. Los Angeles	CA	90034
Business phone: 213.804.6659			ΖΙΡ
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phon	ne #:
Client Address:Street	City	State	Zip

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

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No	., Agenda	Item, or 0	Case No.
ITEM +	4.3		

I wish to speak be	fore the			
		of City Agency, Department, Committee or C	ouncil	
	ovide general public co	emment, or to speak for or against a proposal	on the agenda?	() For proposal () Against proposal () General comments
Business or Organ	nization Affiliation: $\overline{\omega}$	EST HULLS NC		
Address:	2		0	
	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR		W:
Client Address:	Street	City	State	Zip

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Date 8/8/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.			
I wish to speak before the	'					
	Name of City Agency, Department, Committee or 0	Council				
Do you wish to provide general position Name:	oublic comment, or to speak for or against a proposa Best on: West Hills New Man	I on the agend	da? (1) For proposal () Against proposal () General comments			
		C	0.2-1			
Address: 6716 Me	Iba Are West Hil	15	91307			
Street	Representing: West Hills	State	Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
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.
2017-08-08	DECORUM WILL BE ENFORCED.	15-1022-SZ
I wish to speak before the	Name of City Agency, Department, Committee or	Councils Countylee
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? () For proposal () Against proposal
Name: JOHN WILL	Juson	General comments
Bysiness or Organization Affiliation Address: \$133 Daze	on: North Wills Bost Neghbord	cod Connas (VP)
Business phone: 818-2(2-5)	Representing: No yell Representing:	CISSEN August 7 - Liveling Spaking 25 an individua
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

Date 8 8 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda	
	HEDUCAM ON C WEIGHBORING e of City Agency, Department, Committe		
Do you wish to provide general public c	omment, or to speak for or against a pro		
	e Johnson	() (Against proposal General comments
Business or Organization Affiliation:	SILVER LAKE MEIGHBORI	HOD WUNCIL	
Address: 1850 W S	ILIER LAKE DR. L.A.	State 2	0026
	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #	t:
Client Address:Street	City	State Z	lip

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

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Date 8/8/17 I wish to/speak before the	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE Hoalk Education Name of City Agency, Department, Co	NC 5 Com	, Agenda Item, or Case No.
Do you wish to provide general Name: Business or Organization Affilia Address: Street Business phone: 213-9	Occidental LA	st a proposal on the agenda	Proposal () Against proposal () General comments Proposal Proposal Proposal Against proposal Against proposal Against proposal Against proposal Against proposal
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELO	ow:
Client Name:		F	hone #:
Client Address:	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda It	em, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council	ammilles
Do you wish to provide general p	public comment, or to speak for or against a pr		proposal
	CHIMAN DOLLAFON / 100 XVADO		ainst proposal neral comments
Business or Organization Affiliati	on:	Tolynomial Culo	V)
Address:Street	City	State Zip	
Business phone: (21) 50-96	Representing:		7
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:]
Client Name:		Phone #: _	
Client Address:			
Street	City	State Zip	

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8-8-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Health, Educato JNC Name of City Agency, Department, Committee	or Council	
Do you wish to provide general	I public comment, or to speak for or against a propo	osal on the agenda?) For proposal) Against proposal
Name: Glenn	Bailey		General comments
Business or Organization Affilia	V / '	ridge Be	STNC
Address:Street	Presiden	State	Zip
Business phone:	17.4	State	21p
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	/ :
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip

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		0.
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
8-8-17	DECORUM WILL BE ENFORCED.	# 15102252
I wish to speak before the	Name of City Agency, Department, Committee or	
	public comment, or to speak for or against a proposa	
Name: BETS 4 -	ISRUELIT	() General comments
Business or Organization Affiliati	ISROELIT ion: Silver hale Neigh	nborhood Council
Business phone:	Representing: SUNC	
		RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 8 17	The second secon	OUNCIL'S RU WILL BE ENF	-6	Council File No.	, Agenda Iten	n, or Case No.
I wish to speak before the	Health E Name of City Agen	ducat cy, Departmen	t, Committee or Cou	Com	mill	le
Do you wish to provide genera			gainst a proposal or		() Agair	roposal nst proposal eral comments
Business or Organization Affilia	ation:					
Address: 13 414 Street	OXNARD	ST. City	VACLEY	GLEN State	CA	91401
Business phone:	Represer	nting:				
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE	CLIENT INFORMA	ATION BELO	w:	
Client Name:				PI	none #:	
Client Address:Street		City		State	Zip	

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Date 8/8/17	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm		Council	
Do you wish to provide general Name:	public comment, or to speak for $A = SARKIN$	or against a proposal		? () For proposal () Against proposal General comments
Business or Organization Affiliation Address:	NELSEY ST City	57120	Ce 3	OA 91604
	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	IDE CLIENT INFOR	MATION BELO	OW:
Client Address:			P	Phone #:
Street	City	60.0	State	Zip

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Date 8 9 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Pase No
I wish to speak before the			
Nai	me of City Agency, Department, Committee or	Council	
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agenda?	() For proposal
Name: And G Business or Organization Affiliation:	NH Alacelland	nd Counc	() Against proposal () General comments
-115	0	00	20021
Address: 345 Street	City	State	Zip
Business phone:	Representing: Self		
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	v:
Client Name:		Pho	one #:
Client Address:	City	State	7in
Street	City	State	Zip

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Date 8/8/17	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	r Council
Do you wish to provide general pub	olic comment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: ANN JEB		() Against proposal(※) General comments
Business or Organization Affiliation:	: Sylman NC	
Address: 14097 CANDC	ENDOD DR. SULMAR	CA 91342
Horal Street Business phone: \$18/364-93	City Representing: 5	State Zip
	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Council File No. Agenda Item or Case No.

+10

Date 4

Aug 8", 2017	DECORUM WILL BE ENFORCED.		22-32
I wish to speak before the			
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general publishme: COKINIO HIS Business or Organization Affiliation: Address:	olic comment, or to speak for or against a propo	osal on the agenda	Proposal Against proposal () General comments
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	hone #:
Client Address:			
Street	City	State	Zip

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O8/08/2017	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			COMM ITTE
Do you wish to provide general	oublic comment, or to speak for or ag	jainst a proposa	I on the agenda	? (X) For proposal
Name: MARK F				() Against proposal () General comments
Business or Organization Affiliati	on: LOS FELIZ NE	16HBORHO	00	
Address:			State	7:-
	Representing:			Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFOF	RMATION BELO	ow:
Client Name:			P	hone #:
Client Address:				
Street	City		State	Zip