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Date	7		Counci	File No. Accordo Nome or Coop No.
	THE CITY COUNC	CIL'S RULES C)F Counci	File No., Agenda Item, or Case No.
/0.21.15 DECORUM WILL BE ENFORCED. 15			-1091	
wish to speak before the	tome lessness 1 pour	of Comme	tter	
	Name of City Agency, De	partment, Con	imittee or Council	
Do you wish to provide general		k for or against	a proposal on the a	() Against proposal
Name: Blair Beste	n			(7 General comments
Business or Organization Affilia	tion: He BID			
Address: 2.9 · 211	W 5th St	LA	CA	90013
Street		City	State	e Zip
Business phone: 2/3.488	. 190/ Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIE	NT INFORMATION	BELOW:
Client Name:				Phone #:
Oliant Addusos				
Client Address:Street		City	State	e Zip

MEDI

CITY OF LOS ANGELES SPEAKER CARD

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			-	
Date	THE CITY COUN	CIL'S RULES OF	Council File	No., Agenda Item, or Case No.
10-28-5	DECORUM WILL	BE ENFORCED.	#1	15-1091
I wish to speak before the		epartment, Committee o	refoundil	mitte
	reame of only Agency, b	cpartment, committee o	Journal	
	neral public comment, or to spea			da? () For proposal
Name:	ELIZABETI	4 VETER	Son	() Against proposal () General comments
Business or Organization A	Affiliation:			
	00 Ma/N ST -620-190 Representing:	UNIT 808	LA	CA 90013
Business phone: 2/3-	620-190 Representing:	mysel	State	Σφ
	RE A PAID SPEAKER AND			
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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Date 2 0 C+.	the Por	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	4	No., Agenda Item, or Case No.
		of City Agency, Department, Committee		
Name: DDA Business or Organizati	on Affiliation:	omment, or to speak for or against a propo Rezdent mn. u 57-4733		la? () For proposal () Against proposal () General comments
,		Representing:	Otate	24
		SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEI	LOW:
Client Name:				Phone #:
Client Address:	reet	City	State	Zip

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Date 10/28/2015	THE CITY COUNCIL'S DECORUM WILL BE		Council File No., A	agenda Item, or Case No.
I wish to speak before the	Hom ALESSN 15 35 Name of City Agency, Depart	,		
Do you wish to provide general population Name:	13			() Against proposal
Business or Organization Affiliation Address: 14047 (Street Business phone: 818/36	n: SyLMAR 1	VC		
Address: 14047 (ANDEEWOOD DE	. SYLMAR	State	9.1342 Zip
Business phone: 818/36	<u>-4-9318</u> Representing:	relf		
CHECK HERE IF YOU ARE A		VIDE CLIENT INFOR		
Client Name:			Pno	one #:
Street	City	1	State	Zip

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Date (0) 28/2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before theName	of City Agency, Department, Committee or C	COMMIT	166
Do you wish to provide general public co	omment, or to speak for or against a proposa	I on the agenda?	() For proposal
Name: GENER	AL JEFF		Against proposal General comments
Business or Organization Affiliation:	ISSUES AND SOLLA	CHOT	
Address: 1676 N. WVC	N AVC. #924 HOLLYWO	0b) (A. 9) State	\$500 Zip
Business phone: 333, 445, 078	B Representing: SKB BW F	GEDENTS	
	SPEAKER AND PROVIDE CLIENT INFOF		w:
Client Name:		Ph	one #:
Client Address:	A.,		
Street	City	State	Zip

Diagna and reverse of and for important information and submit this entire and to the presiding efficer or chairperson

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Date Octobe 28,700	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
- Mon to opean polote and	Name of City Agency, Department, Committee of	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:	Bryan Barajas	(-) General comments
Business or Organization Affiliat	ion:	
Address:		
Street Street Street	City Representing:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 10 28 (5	DECORUM WILL	CIL'S RULES OF		No., Agenda Item, or Case No.
I wish to speak before the _	Name of City Agency, D			
Do you wish to provide gen	eral public comment, or to spea	ak for or against a	proposal on the agend	da? () For proposal
Name:	GRODE			() Against proposal () General comments
Business or Organization A	ffiliation:			
Address: 545	S San Pedro	LA	CA	90013
Street		City	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU A	RE A PAID SPEAKER AND	PROVIDE CLIEN	T INFORMATION BE	LOW:
Client Name:				Phone #:
Client Address:Street		City	State	Zip

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Date 10/28/15	and the second s	COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No., Agenda Item, or Case N		
I wish to speak before the		ency, Department, Committee	ee or Council		
Do you wish to provide gene		to speak for or against a pro	oposal on the agenda	? () For proposal () Against proposal	
Name: phade	Trimmer			() General comments	
Business or Organization Aff	iliation: SFV K	escul dissin			
Address: 8756 C	Eur by Ave	Northidge	CA	91325	
Business phone: 747-2		2	State	Zip	
CHECK HERE IF YOU AR			NFORMATION BELO	ow:	
Client Name:			P	Phone #:	
Client Address:					
Street		City	State	Zip	

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Date 10 24 15	DECORUM WIL	NCIL'S RULES OF L BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,	Department, Committee	or Council	2
Do you wish to provide general Name:	ME Allist	eak for or against a prop	osal on the agend	a? () For proposal Against proposal () General comments
Address: Street Business phone: 273 20	ation:	City A/A	Sustate	90086
CHECK HERE IF YOU ARE				.ow:
Client Name: Client Address:		City	State	Phone #:

El Jefe De	enald Trump 15 the	only one
who can	Mend and Resto	re America
NOTE:	THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTIN E NOT REQUIRED TO PROVIDE PERSONAL INFORM	G ON THE CITY'S WEBSITE.
EXCEPT	TO THE EXTENT NECESSARY FOR THE PRESIDING	the state of the s
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
10-28-15	DECORUM WILL BE ENFORCED.	Item #1
I wish to speak before the _	Homelesness & Doverty	Committee
	Name of City Agency, Department, Committee	ee or Council
Do you wish to provide gene	eral public comment, or to speak for or against a pro-	/ \ A maimat muamanal
Name:	Mittorias Jam	() Against proposal () General comments
Business or Organization Af	filiation:	
Address:		
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU AF	RE A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:	3	Phone #:
Client Address:Street	City	State Zip

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Date O Do you wish to prov Name: Business or Organiz	Namide general public o	THE CITY COUNCIL'S RULES OF DECORUM VILL BE ENFORCED. The of City Agency, Department, Committee of City Agency, Department, Committee of Comment, or to speak for or against a proposition of the Council Cou	or Council	Agenda Item, or Case No. () For proposal Against proposal () General comments
Address:	Charact	Cit.	Chata	7:
		City Representing:	State	Zip
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:			Ph	one #:
Client Address:	Street	City	State	Zip