16-0494

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Date 5/10/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	LA City Council		
	Name of City Agency, Department, Commit	tee or Council	
Do you wish to provide general posterior Roxano	oublic comment, or to speak for or against a p	roposal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments	
Business or Organization Affiliation: Collifornia State Assembly  Address: 879 W. 190 th St sute #920 Los Angeles CA 90248  City State Zip			
Address: <u>879</u> W. 1	90th St sute #920	LOS Angeles CA 90248	
Business phone: $(310)334$	6408 Representing: ASSEMble	greenber Mike Gipson	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:	City	State Zip	

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

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Date  HID Zolo  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee	16-049 CD8	Agenda Item, or Case No.
Do you wish to provide general pu	ublic comment, or to speak for or against a pro	posal on the agenda?	For proposal  ( ) Against proposal ( ) General comments
Business or Organization Affiliatio	n: None		
Address: 9901 A	tolmes Ave has Ang	gles Ca	90000
Business phone: 9/3 434	7754 Representing: City 04	- Watts	
		NFORMATION BELOW	v:
Client Name:		Pho	one #:
Client Address:	City	State	Zip

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Date 5 10 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, Committee or C	Council
Name: Heather  Business or Organization Affiliati	oublic comment, or to speak for or against a proposa  HULL  on: 35 9 Senate District	I on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
977 (1) (	Tact Han	CA 90731
Business phone: 310 514-85	City Den (educe)  513 Representing: Sen atov Isa	idore Hall, III
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone #:
Client Address:	City	State Zin

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

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Date 5/10/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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	Name of City Agency, Department, Committee or public comment, or to speak for or against a propos	al on the agenda? ( ) For proposal ( ) Against proposal
Name: TW WG-	on: Watts Labor Community	1 Achen Commettee
	o Central Ane LA	
	Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT INFO	<del></del>
Client Address:	City	State 7ip

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

Pay Back is a bitch, this is the year of the welback CITY OF LOS ANGELES SPEAKER CARD gangbangers

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EXOCITION	THE EXTENT REGEOGRAPH OF THE PREGIDING OF THE	OLIT TO CALL OF OR	1100
Date 5-10-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
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Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda?	( ) For proposal
Name:		2	Against proposal     General comments
Business or Organization Affiliati	on:		
Address:			
Address:Street	City	State	Zip
	Representing:		
•	A PAID SPEAKER AND PROVIDE CLIENT INFO		/:
Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip

Please see reverse of card for important information and submit this entire card to the proceiding officer as a finishment of the proceiding of the proceidi

# CITY OF LOS ANGELES SPEAKER CARD Out of Time

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Date/	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
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	ne of City Agency, Department, Committee or	Council	
Do you wish to provide general public	comment, or to speak for or against a proposa	l on the agenda	? ( ) For proposal ( ) Against proposal
Name:	Dha WALSH		( ) General comments
Business or Organization Affiliation:			
Address: Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:	City	State	