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	1,0,000			
Date	THE CITY COUN	CIL'S RULES OF	Council File N	lo., Agenda Item, or Case No.
5/5/2016	DECORUM WILL	BE ENFORCED.	Budget	Item 1 LA: RISE
I wish to speak before the	Council - Budge Name of City Agency, De	et & Finance	e Comnittee	16-0600
Do you wish to provide general p		k for or against a	proposal on the agend	a? () For proposal () Against proposal
Name: Ashley Corde	ro			General comments
Business or Organization Affiliati	on: REDF			
Address: 1055 7 th S	t Suite 1920	LA	CA	90017
Street		City	State	Zip
Business phone: 213 947	3888 Representing:	LA: RISE	proposed \$2 in	illion
CHECK HERE IF YOU ARE A				
Client Name:				Phone #:
Client Address:Street		City	State	Zin

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

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Date 5-5-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Budget Committee Name of City Agency, Department, Committee or	/6-0600 Council
Do you wish to provide general Name:		al on the agenda? () For proposal () Against proposal () General comments
	NHITE DAK AL GRANAT. City SELF Representing: SELF	State Ca 91344
Business phone: 818	388 6789 Representing: SELF	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zin

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Date 5/5/16	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		(6-0600
Do you wish to provide general pu	ublic comment, or to speak for or against a propose	al on the agen	
Name: Michele Kinn	nan		() Against proposal () General comments
Business or Organization Affiliation	n: Environment California		
Address: 3435 Wilshir	re Blud #385 Los Angeles (A 902	010
	City Representing:		Zip
business priorie. 510 001-	nepresenting.		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 5-5-		Name of City Agency, Department, Committee or C	ryet	0., Agenda Item, or Case No.
Do you wish to prov		public comment, onto speak for or against a proposal		
Business or Organi	zation Affilia	tion:		
Address:				
	Street	City	State	Zip
Business phone: _		Representing:		
CHECK HERE IF	YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR		
Client Name:				Phone #:
Client Address:	Street	City	State	Zip

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S 5 2016	THE CITY COUNCIL'S F		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department		uncil	16-0600
Do you wish to provide general Name:	public comment, or to speak for or			() For proposal () Against proposal () General comments
Business or Organization Affilia	tion: CAREVEN 1 Th Street Lo City 1-0136 Representing:	ay Labor	· Cent	
Address: 2845 W	· 7th Street Lo	s Angeles,	State	90006 Zip
Business phone: (213) 483	7-0(36) Representing:	day (ak	oreis	
	A PAID SPEAKER AND PROVID	DE CLIENT INFORM		
Client Name:			Pr	none #:
Street	City		State	Zip

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Date 5 5 20 6	THE CITY COUNCIL'S DECORUM WILL BE E	NFORCED.	Council File	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm			16-0600
Do you wish to provide general put Andreyha Business or Organization Affiliatio	Baldenears CARECEN DA	ay Labor	Center	() Against proposal General comments
Address: 28 45 W. Street 28 483 -	7th Street, La 013b Representing:	day lab	State	9000E
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVI		RMATION BE	ELOW:
Client Name:				Phone #:
Client Address:Street	City		State	Zip

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EXCEPTION	THE EXTENT NECESSARITY OF THE PRESIDING C	STREET TO CALL OF ON TOO
Date 5 5 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	e or Council
Do you wish to provide general	public comment, or to speak for or against a pro	oposal on the agenda? () For proposal
Name: Aura	Silva	() Against proposal (×) General comments
Business or Organization Affiliat	tion: IDB7 SCA	
Address: 1565 Street	W. 14 = St., Las Angele.	State 90015
Business phone: 213-25	z - 2952 Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT I	
Client Name:		Phone #:
Client Address:	City	State Zip

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Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the Budget + Finance Com:	Hee 16-0600
Name of Čity 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? () For proposal () Against proposal
Name: Margarita Aredondo	(➤ General comments
Business or Organization Affiliation: TDE7 S CA	
Address: 1565 L. 14th St. Las Angele	State Zip
Business phone: 213-252-2952 Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	
Client Name:	Phone #:
Client Address:	State Zip

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Date	THE CITY COUN	CIL'S RULES OF	Council File No., A	genda Item, or Case No.
5/5/2016	DECORUM WILL	BE ENFORCED.	1	16-0600
l wish to speak before the	Budget + Fin	rance Comm	nittee	
	Name of City Agency, D	epartment, Committee or	Council	
	ral public comment, or to spea	ak for or against a propos	al on the agenda? () Against proposal
Name: Lovaine	maguist		() General comments
Business or Organization Aff	iliation:CSUN			
Address: 16908 Street	Kinzie St	Northridge	State	91343 Zip
Business phone:	Representing:	Cool Blacks Pro	oglam	
	E A PAID SPEAKER AND I			:
Client Name:			Pho	ne #:
Client Address:Street		City	State	Zin

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Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () A	Date 5/5/16	THE CITY COUNCIL'S DECORUM WILL BE		Council File	No., Agenda Item, or Case No.
Name: Je Vern Toylor (pr. Vern Toylor) (x) Against proposal (x) General commer Business or Organization Affiliation: Pochamana Allians Address: 18 8 Victoria Ave has Angela CA 90060 Street City State Zip CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	I wish to speak before the				
Name: Jr. Vern Toylor (x) General commer Business or Organization Affiliation: Pachamana Allians Address:	Do you wish to provide genera	al public comment, or to speak for	r or against a proposal	on the ager	
Address:	Name: Dr. Vern To	eylor Cor	Vern Tay	lor)	() Against proposal (X) General comments
Address:	Business or Organization Affili	ation: rachaman	ia Hillian	م	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Address: <u>U8(8</u>	Victoria Ave	hos Ang	State	CA 90066
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Business phone: 3(0 =	20 - See Representing:	Self		
Client Address:			V	MATION BE	ELOW:
Client Address:	Client Name:				Phone #:
	Client Address:Street	Cit		State	Zip

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Date 5/5/1/	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
3/3/16	DECORUM WILL BE ENFORCED.	1
I wish to speak before theBu	idget & Finance	16-0600
	Name of City Agency, Department Committee of	or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on North Hills West NC NC	SA Cool Blocks Leader
Address: 10009 Ger Personal Cell (2) 201	ald Avenue, North Hills -9387 Representing: NHWNC Stake	CA 91343
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 5 (5		TY COUNCIL'S RULES		Council File No., A	genda Item, or Case No.
I wish to speak before the		+ Fina Agency, Department, C			er 16-06
Do you wish to provide gene		or to speak for or again	nst a proposal o	on the agenda? (() For proposal) Against proposal) General comments
Business or Organization Aff	iliation: NCS	A			
Address: 1515	Elevado	St LA	Cos	9002	6
Address: 1515 Street Business phone: 523	660 278 Bep	City resenting:	5/3	State	Zip
CHECK HERE IF YOU AR				MATION BELOW	: 🔲
Client Name:				Pho	ne #:
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Date 5.5.16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File Ne. Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ret 16-0600 or Council
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	
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	ats Ave Studio C.	
Business phone:	Representing:	
	PAID SPEAKER AND PROVIDE CLIENT INF	
Client Name:		Phone #:
Client Address:	City	State Zip

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