16-0684

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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	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general Name:	1		? () For proposal () Against proposal () General comments
Address:Street	City	State	Zip
	Representing:		p
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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Date U 21 10 Council'S RULES OF DECORUM WILL BE ENFORCED.	uncil File No., Agenda Item, or Case No.
I wish to speak before the	
Do you wish to provide general public comment, or to speak for or against a proposal on the Name:	() General comments
Business or Organization Affiliation: Alliance For Community To	th - traves
Address:Street City S Business phone: U4U344038 Representing:	State Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATIO	***
Client Name: Client Address: Street City S	Phone #:

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Date 6/21/2016	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, Commit	tee or Council	
Name: Alan Gree.			() Against proposal () General comments
	on: Southprin California		
Address: 5015/a/k	Place les Angeles	State	94,90020 Zip
Business phone: 2/34/50	1249 Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE	ELOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 6/21/16	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO		Council File No.,	, Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department	Committee or C	Council	
Do you wish to provide general pull Name:	cie	gainst a proposal	on the agenda?	P (For proposal () Against proposal () General comments
Address: 972/2 Street	S. Hoover st	LA, CA	90006	
			State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE	CLIENT INFOR	MATION BELO	w:
Client Name:			P	none #:
Client Address:				
Street	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 be		Name of City Agency, Department, Committee	e or Council	,
Do you wish to pro	ovide general pu	iblic comment, or to speak for or against a prop	posal on the agenda?	() For proposal
Name:	4	Antonia Ran	rirez	() Against proposal() General comments
Business or Orgar	nization Affiliation	n:		
Address:				
-	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w:
Client Name:			Ph	none #:

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

Date 06/21/6	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 Gity Agency, Department, Committee of	or Council	
Do you wish to provide general po	ublic comment, or to speak for or against a propo	osal on the agenda? For propo () Against p () General o	roposal
Business or Organization Affiliation	Revenue Los Aug	IN TRADES	
Address:/ (O C C Street Business phone:	City	State Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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June 21, 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case N	No.
I wish to speak before theNai	me of City Agency, Department, Committee or	or Council	
Do you wish to provide general public Name: LaRae Co	comment, or to speak for or against a propos	sal on the agenda? () For proposal () Against proposa () General comme	
Business or Organization Affiliation:	LA VOICE	On 90000	
Address: <u>J143 El Sca</u> Street Business phone: 323)849-9	City /	State Zip	
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date 6-21-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or C	Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide genera	al public comment, or to speak for or against a prop		
Name: Lyn La			-
Business or Organization Affilia	ation: Sheet Metal Workers	Local 105	
Address: 1541 W. 14	15 st City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:	1000	Phone #:	
Client Address:	City	State Zip	

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Date 6-21-2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	1 1 1 1 1 1 1 1 1 1
wish to speak before the		
	Name of City Agency, Department, Comr	mittee or Council
-77	Sublic comment, or to speak for or against a	a proposal on the agenda? For proposal () Against proposal (X) General comments
	on: HotMAN UMC.	/LA Voice
Address: <u>3320</u>	W. Adams L	A CA.
Street	City	State Zip
Business phone:	Representing:	
	PAID SPEAKER AND PROVIDE CLIEN	
Client Name:		Phone #:
Client Address:Street	City	State Zip
Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
6/21/16	DECORUM WILL BE ENFORCED.	16-0684 #11
I wish to speak before the	Name of City Agency, Department, Committ	tee or Council
	Hen whic comment, or to speak for or against a pr	roposal on the agenda? (*) For proposal () Against proposal
Name: Jona M	ian Agon	() General comments
Business or Organization Affiliation	on: Thai CDC	
Address: 63696 U	luca St los Angelies	State Zip
Business phone:	Representing:	CTLA
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
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	of Chy Aganay Danartmant Committee o	Council	
Name (of the Agency, Department, Committee o	Courien	
			×. =
Do you wish to provide general public con	nment, or to speak for of against a propos	sal on the agenda?	(N) For proposal
P.II P			() Against proposal
Name: LOOV/ CDW2	V		() General comments
	1 12 -1 1 1	1/	
Business or Organization Affiliation:	0/3 /1/10/0 /0/00	tomorran	10
business of Organization Anniation.	h h h	7	700-
Address: 302) Ciestma	ont Nue has Nhy	olis (A	90026
Street	City	State	Zip
Business phone: 28 28/	_ Representing:		
Business priories			
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CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT INFO	DRMATION BELOV	N:
Client Name:		Ph	one #:
Client Address:			
Street	Citv	State	Zip

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Date (2) 2016	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 Council
Do you wish to provide general p	public comment, or to speak for or against a prop	osal on the agenda? (x) For proposal
Name:	man Daganahan Le	() Against proposal () General comments
Business or Organization Affiliation	on: Tast of Commenty	Corporation / 2A
Address:Street		State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date Coll Coll Coll Coll Coll Coll Coll Col	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Our Council Name of City Agency, Department, Committee or	Council File No., Agenda Item, or Cas	se No.
Name: Farmy Ox	public comment, or to speak for or against a propose	() Against prop () General com	osal
	ition: Gast it Commenty Corpor	alron ACT-LA	<u> </u>
Address:Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zin	

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Date 6 · 21 - 10	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	Council
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda? () For proposal
Name: Alecando	Salazer	() Against proposal () General comments
Business or Organization Affiliati	ion: IBEW LOCCA 11	
Address: 17 W, 115	St LOS Angoles	Cet 9006/ State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip