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Date Oliclip	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the		CF-16-08765-Z	
	Name of City Agency, Department, Committee or 0	Council	
	Simulate on to speak for or against a proposa	(/) Against proposal	
Business or Organization Affiliation:			
Address: 375 Nor Street	th Wilton Place W	State Zip	
Business phone:	> XX		
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 10-11-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the LA Na	me of City Agency, Department, Committee of	r Council		
	c comment, or to speak for or against a propo	sal on the agenda? (For proposal) Against proposal () General comments		
Business or Organization Affiliation: _	VICA			
Address:Street	City	State Zip		
Business phone:	Representing:			
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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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 Name:	Date D D D D D D D D D	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
Name:		e of City Agency, Department, Committee of	r Council	
Business phone: Representing: City State Zip CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Name: MIKI DACI Business or Organization Affiliation:	SSON Coalitian To Pres	sal on the agenda?	() Against proposal
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Street		State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Business phone:	Representing: oals to	n Att	
Client Address:	CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
	Client Name:		Ph	ione #:
	Client Address:Street	City	State	Zip

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Date / 0 / 1 / 26 / 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theNa	ame of City Agency, Department, Committee or	r Council
Do you wish to provide general public	c comment, or to speak for or against a propos	sal on the agenda? () For proposal
Name: Beth S Do	sn3	Against proposal () General comments
Business or Organization Affiliation: Lew Offices of		
Address: 3 226 Mg	udalle Cyn	2A CA 20049
Business phone: 3/047,647	G/ Representing: Mary Ann	Blowers
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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Oct. 11,2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	CITY CONNEIL	Cr 76-03 76-30
	Name of City Agency, Department, Committee	ee or Council
Do you wish to provide general pull Name:	blic comment, or to speak for or against a pr	roposal on the agenda? () For proposal
Business or Organization Affiliation	ū	
Address: PO Boy	× 93596 LA G	A 90093
Business phone 3 10 781-7		State Zip
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	03	0.1
Street	City	State Zip