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Date 6/21/2017	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE		No., Agenda Item, or Case No.
	Housing Committee Name of City Agency, Department, Con		,
Do you wish to provide general pub	lic comment, or to speak for or against	a proposal on the agend	da? (For proposal
Name: Sylvie Sh			() Against proposal () General comments
Business or Organization Affiliation:			
Address: PO BOX 9	95 LA city	CA State	90078 Zip
Business phone:			
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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

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Date 6/21/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council		
Do you wish to provide general	public comment, or to speak for or against a pr	roposal on the agend		
Name: SUSAP HUNTE	2		() Against proposal General comments	
	ion: LOS ANGERS TENANTS	UNITON		
Address: Street	STUPL. HUD City	State	9228; Zip	
Business phone: (949)295	-0206 Representing: SOF			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BE	LOW:	
Client Name:			Phone #:	
Client Address:	City	State	Zip	

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Date 6/21/17	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 pul	blic comment, or to speak for or against a propo	osal on the agenda? () For proposal
Name:	Herroft to Page	() Against proposal () General comments
Business or Organization Affiliation	1	
Address: Street	TIPAGON City Wordla	and Hello 7/369
Business phone:	Representing:	
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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	11. c ()			
I wish to speak before the	Name of City Agency, De	partment, Committee	or Council	
Do you wish to provide general	public comment, or to speak	for or against a propo	sal on the agend	la? () For proposal
Name: Share Phil	18			() Against proposal (★) General comments
Business or Organization Affilia	tion: Central City	Association		
Address: 626 Vilchice Street	. Bhd Los	Anades	CA	90017
Street		City	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT INF	ORMATION BEI	LOW:
Client Name:				Phone #:
Client Address:		City	State	Zio

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Date 6/21/17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFOR	SOF	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, C	Committee or Council	
Do you wish to provide general pu	ublic comment, or to speak for or again	nst a proposal on the agend	la? For proposal
Name:a	rlos Aguila	r	Against proposal General comments
Business or Organization Affiliatio	n: Coelition for	Economic	Survival
Address: 5/4 She	rlos Aguila. n: Coelition for Ho LA city	CA- State	90020 Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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