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EXCEPT TO THE E	XTENT NECESSARY FOR THE PRESIDING OFFIC	
Date 100 1 5 1 wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File Not, Agenda Item, or Case No.
Do you wish to provide general public	comment, or to speak for or against a prososa	on the agenda? For proposal
Name:	HVIM	Against proposal () General comments
Business or Organization Affiliation: _		
Address: Street		State Zip
Business phone:	Representing:	HOUR
CHECK WERE IN YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFOF	MATION BELOW:
Client Name	Free SpeacH/	Phone #:
Client Address:	City	State Zip

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

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Date 9/18/15		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Rules Com			-1088
	Name of City Agen	cy, Department, Committe	e or Council	
Do you wish to provide general Name:	I public comment, or to	speak for or against a pro	oposal on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affilia	ation: Californ	in (lear Moran	Carpingh	
Address: 424 Krthun	#510	LA	CA	90024
Business phone: 310-429		Oity	State	Zíp
CHECK HERE IF YOU ARE			NEODMATION BELO	M.
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Client Name:			Pr	none #:
Client Address:				
Street		City	State	Zip

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Date $2/8/5$ I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of	mittee	No., Agenda Item, or Case No.
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agen	da? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
Client Name:	PAID SPEAKER AND PROVIDE CLIENT INFO		Phone #:
Client Address:Street	City	State	Zip

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Date 04/18/2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the N	lame of City Agency, Department, Committee o	tal Relations and Neighborhols r Council Connittee Connitte
Wash Saul	lic comment, or to speak for or against a propos	() Against proposal
Business or Organization Affiliation:	California (lean Monetzer Ave Los Angeles Oity Representing: California (en Campaign
Address: 340 N. Sve	etzer Ave Los Angeles	(A 90048 State Zip
Business phone: (8/8) 367 - 6	Representing: California C	lean Money Cumpagn
	AID SPEAKER AND PROVIDE CLIENT INFO	Phone #:
Client Name:		Phone #:
Street	City	State Zip

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Date G/S/5 I wish to speak before the Nam	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	CF	No., Agenda Item, or Case No.	
Do you wish to provide general public of	comment, or to speak for or against a propo	sal on the agend	la? For proposal	
Name: Arrix Business or Organization Affiliation:	E. Levine SORDAC		() Against proposal () General comments	
Address: Street	DAVID AUR	State	Zip	
Business phone: 310 49775				
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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Date 9 18	15	THE CITY COUNCIL'S DECORUM WILL BE		Council File	No., Agenda Item, or Case No.
I wish to speak be		Loww Rules Co ame of City Agency, Depart		or Council	CF 15-1088
Do you wish to pro	ovide general publ	ic comment, or to speak for	or against a propo	osal on the ager	nda? (For proposal
Name:	Kathay F	en			() Against proposal () General comments
Business or Organ		Ca Common	lause		
Address:	453 <u>S</u>	Spring 87. L	4 CA	90013 State	Zip
		Representing:	CA Common	L Cause	
CHECK HERE IF	YOU ARE A PA	AID SPEAKER AND PROV	IDE CLIENT INF	ORMATION BI	ELOW:
Client Name:					Phone #:
Client Address:	Street	City		State	Zip

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