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

Date June 14, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee of	r Council	
Do you wish to provide general p	ublic comment, or to speak for or against a propos	sal on the agenda	(X) For proposal
Name: Edgue Cab	reva		Against proposal General comments
Business or Organization Affiliation	on:		
Address:Street	City	State	Zip
	Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Address:	City	State	Zip

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Jue 14, 2617	THE CITY O	COUNCIL'S RULES OF WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Health Com	n Hou		
	Name of City Ager	cy, Department, Committee	or Council	
Do you wish to provide ge	-	speak for or against a prop	osal on the agenda	? () For proposal () Against proposal (ビ) General comments
		VIA PESONCEI COR		
Address: /// W	OCEAN BURD	LUNG BEALLY City	<u>C4</u> State	==1
Business phone:	Represe	nting: CRC	State	Zip
		AND PROVIDE CLIENT INI	FORMATION BELO	ow:
Client Name:			P	Phone #:
Client Address:				
Street		City	State	Zip

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Date 6/14/17	THE CITY COUNCIL'S RUI DECORUM WILL BE ENFO	LLG OI	ile 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 ag	gainst a proposal on the age	
Name: SSSSA Du	BOFF		() Against proposal ————————————————————————————————————
Business or Organization Affiliation	on: LA CHARBOR OF	COMMENCE	
Address: 350 9. Pcx	ce <u>ZA</u>	CA CA	90097
Street Business phone: 2/3-580-5		State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE	CLIENT INFORMATION I	BELOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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

Date C/14/17 I wish to speak before the	THE CITY COUNCIL'S POS DECORUM WILL BE EN	City Healy		0447	No.
Do you wish to provide general p	public comment, or to speak for o	r against a proposal on the	e agenda? ()	For proposal	
Name: Willie	Kivera			Against propos General comm	ents
Business or Organization Affiliati	on: California I	ndependent	Ketrob	eum A	380
Address:	on: <u>California</u>] < St., 6th Floor City	r Sacrament	6 CA	9582	7
Business phone: 661-47	7-0/0/ Representing: C	DPA-			
	A PAID SPEAKER AND PROVI		ON BELOW:		
Client Name:			Phone	#:	
Client Address:	City		Itata	7in	

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Date 6/14/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	No., Agenda Item, or Case No.
I wish to speak before the	Heath Committee or	Council	
Do you wish to provide general p	public comment, or to speak for or against a proposal	on the agenc	la? () For proposal
Name: Faith MY			() Against proposal () General comments
: Business or Organization Affiliation	on: Food & Wooter Watch		
Address: 411 McLaw	shin Areto Los Angeles	C _A	90066
Business phone: 949-37	14-1143Representing:	Otate	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BEI	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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	COUNCIL'S RULES OF WILL BE ENFORCED.	Trem	genda Item, or Case No.
	icy, Department, Comm		
Do you wish to provide general public comment, or to	_) For proposal) Against proposal) General comments
Business or Organization Affiliation: LOCAL	250 5	TEAMFITTER	ک.
Address: 18355 S. FIGUER	DA GARDE	ENA CALIT	90248
Business phone: Represer	nting: LOCA (_ 256 STEA	MFITTER
CHECK HERE IF YOU ARE A PAID SPEAKER A			
Client Name:		Pho	ne #:
Client Address:	City	State	

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Date 6/14/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
wish to speak before the HEALTH	MENIN HEALTH : EDUCATION	CommiTEE	
Name	of City Agency, Department, Committee or	Council	
Do you wish to provide general public co	mment, or to speak for or against a propos	eal on the agenda?	() For proposal () Against proposal (🔌 General comments
	ENTINEL PEAK RESOURCES		
Address: 5640 5. FAIRFAR	ME LOS AMBERES	CA	
Street Business phone: 805-260-0156	ME Los A-166187 City Representing: Sentine Peak	State RESCURLES	Zip
	SPEAKER AND PROVIDE CLIENT INFO		/:
Client Name:		Pho	one #:
Client Address:	City	State	Zip

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Date 6-14-17	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE		, Agenda Item, or Case No.
wish to speak before the	Mental HealtatEdo Name of City Agency, Department, Cor		fee
	public comment, or to speak for or agains Dines		? () For proposal () Against proposal () General comments
	on: CREED LA		
Address: 50/ 5	hatto Place LA City	State	90020 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	7in

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Date 6-14-17		NCIL'S RULES OF L BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency	LTH Committee	3377	
Do you wish to provide general p	public comment, or to spe	Department, Committee or eak for or against a propos		la? () For proposal () Against proposal
Name: TIM RESC	_	\ /		() General comments
Business or Organization Affiliation	on: UA DC	16		
			CA	90248
Address: 18355 5, Street Business phone: 905,910,0	Nepresenting	1: LOCAL 250	State	Zîp
CHECK HERE IF YOU ARE A			RMATION BE	Low:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
6-14-17	DECORUM WILL BE ENFORCED	. 4
wish to speak before the	Name of City Agency, Department, Comm	Mealfld Eclercation
Do you wish to provide general pu	blic comment, or to speak for or against a	proposal on the agenda? () For proposal
Name: Stephan	in Graner	() Against proposal () General comments
Business or Organization Affiliation	: TBEW LOCA	2/1/
007	arengo leve f	agadina 9/10/
Business phone:	Representing:	State Zip
	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip



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Date 6/14/3017		NCIL'S RULES OF L BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
I wish to speak before the		2 Mental and Department, Committee of		on Coppositely
Do you wish to provide general p			sal on the agenda? () For proposal) Against proposal
Name: Thiny	-agribe		(✓ General comments
Name: Thiny Business or Organization Affiliati	on: IBEW	Local II		
Address: 297 N.	Marengo H	fue. Pasa	tom, Ca.	1110]
Business phone:			State	ZIP
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND	PROVIDE CLIENT INFO	ORMATION BELOW:	: 🔛
Client Name:			Phor	ne #:
Client Address:				
Street		City	State	Zip

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Date 6/14/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item	, or Case No.
wish to speak before the	Health Committee		
	Name of City Agency, Department, Committee	ee or Council	
Do you wish to provide general parry Mol	public comment, or to speak for or against a pr ing Sarmiento on: Communities for a bet	oposal on the agenda? () For pro () Agains () Gener	oposal st proposal ral comments
3usiness or Organization Affiliati	on: Communities for a beli	er environment	
Address:Street	City	State Zip	
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	NFORMATION BELOW:	
Client Name:	and Arriva	Phone #:	
Client Address:Street	At .		
Street	City	State Zip	

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Date 6/14/17	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No.	Agenda Item, or Case No.
wish to speak before the	Health Committe	e		
	Name of City Agency, Departn	nent, Committee or Co	ouncil	
No Man A	al public comment, or to speak for o			() Against proposal
Business or Organization Affilia	ation: Physicians for	Social Rest	ponsibilit	y-LA
Address:Street				
Street	City		State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROV			
Client Name:			Ph	one #:
Client Address:	City		State	Zip
01.000	010			

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Date 6 14 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Health Conte	
	Name of City Agency, Department, Committee	e or Council
Name: Sha Zia	~	() Against proposal
Business or Organization Affiliati	on: rsk-Lh	
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date (6 14 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
wish to speak before the	ame of City Agency, Department, Committee of	or Council	
Do you wish to provide general publ	ic comment, or to speak for or against a propo	esal on the agenda?	() For proposal () Against proposal General comments
Business or Organization Affiliation:	<u> 05C</u>		
Address: 2001 W. S.	to 8th LA CA 9	0032 State	Zip
Business phone: 323 442	1099 Representing: WEST		
	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	none #:
Client Address:	City	State	

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June 14,2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE		., Agenda Item, or Case No.
wish to speak before the	Health Name of City Agency, Department, Com	nmittee or Council	
	public comment, or to speak for or against	a proposal on the agenda	? () For proposal
Name: Dr. Bhayno	a Shamasunder		() Against proposal (x) General comments
Business or Organization Affiliati	ion: Occidental Colle	ge, Dept of	Urbant Enr Police
Address: (600 (ion: Occidental Colle Campus Rd	LA	900 Y 1
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELO	ow:
Client Name:	***	F	Phone #:
Client Address:			
Street	City	State	Zip

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Date NAC 14 2017		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agend	cy, Department, Committee	or Council	
Do you wish to provide general p				Against proposal General comments
Business or Organization Affiliati	on: OCADENTA	r conthe No	USC PERE	<u> </u>
Address: 380 Norst Street	Ling &	SIGUA MAN	c CA	9024
Business phone: 323 259 2	2578 Represen	iting:	State	2ip
CHECK HERE IF YOU ARE A	A PAID SPEAKER A	ND PROVIDE CLIENT INF	FORMATION BELO	ow:
Client Name:			P	Phone #:
Client Address:		City	State	Žip

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Date 6/14/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case	No.
wish to speak before the	Health Conte		
	Name of City Agency, Department, Commi	ittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against a p	proposal on the agenda? (V For proposal () Against propos () General comm	
Business or Organization Affiliati	on: Redeemer Community	Parterships	
Address:Street	City	State Zip	
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone #:	
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 I	tem, or Case No.
wish to speak before the	tealth cmte.		
	Name of City Agency, Department, Committee	or Council	
Name: Dr. Yelba	cublic comment, or to speak for or against a prop (astellon n: Physician at UCLA	() Ag () Ge	proposal ainst proposal neral comments
Address:Street	City	State Zip	
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:			
Street	City	State Zip	

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Date 6 14 17		OUNCIL'S RULES WILL BE ENFORC	, O1	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Health C			,	
	Name of City Agen	cy, Department, C	ommittee or Cou	incii	
Do you wish to provide general Name: Monic V	ri arte				() General comments
Business or Organization Affiliat	tion: Esperanza	Community	Housing -	+ People	e not Pozos
Address:Street		·			
Street		City		State	Zip
Business phone:	Represer	nting:			
CHECK HERE IF YOU ARE	A PAID SPEAKER A	AND PROVIDE CL	JENT INFORMA	ATION BELO	ow:
Client Name:				P	hone #:
Client Address:		011			
Street		City		State	Zip

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Date 6-14-	17	THE CITY COUNCIL DECORUM WILL BE		Council File No., Agen	ida Item, or Case No.
wish to speak bef		of City Agency, Depa		or Council	
Do you wish to pro	vide general public co	omment, or to speak fo	or or against a prop	osal on the agenda? 📉	For proposal
Name:	pererend	Oliver	Buie	()	Against proposal General comments
				methodist	- cherch
Address:	Street	Ci	ity	State	Zip
Business phone:		Representing:		- 10 t - 1	
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PRO	OVIDE CLIENT IN	FORMATION BELOW:	
Client Name:				Phone	#:
Client Address:	Street	Ci	ty	State	Zip

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Date 6-14-(+	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO		File No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department,	Committee or Council	
Do you wish to provide general p	oublic comment, or to speak for or aga	ainst a proposal on the a	genda? (X) For proposal () Against proposal
Name:	a kim		() General comments
Business or Organization Affiliation	on: Physicians fo	r social	Reponsibility-
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE (BELOW:
Client Name:			Phone #;
Client Address:	Citv	State	Zip

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June 14,2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Health Committee		
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general provide.	ublic comment, or to speak for or against a propo	osal on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affillation	on: Wilmington Resident	, <u></u> ,	
Address:Street	City	State	- Zip
	Representing:	**-	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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EXCELL TO II	TE EXTENT NEOECOANT TO	THE THEODING OF THE	EN TO GALL OF	
Date 6/14/2017	THE CITY COUNCI DECORUM WILL B		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Dep	OMMI HEE	^ouncil	
	Maine of Oity Agency, Dep	artifierit, Committee or C	Journal	
Do you wish to provide general p	Doyno			For proposal () Against proposal () General comments
Business or Organization Affiliation	on: <i>ILU</i>	JU		
Address: /2 55/	BONDON AU	ie Los A	rocles State	90066
Business phone: (3/0) 46	7-7244/ Representing: _			
,	PAID SPEAKER AND PR		MATION BELC	ow:
Client Name:			P	hone #:
Client Address:		Dity	Ctata	7in
Street	,	Jily	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File N	o., Agenda Item, or Case No.
June 14,2017	DECORUM WILL BE ENFORCED.		4
I wish to speak before the	Health Committee Name of City Agency, Department, Committee	or Council	
Do you wish to provide general	public comment, or to speak for or against a pro	oosal on the agenda	? (X) For proposal
Name: Mac Show	ty		() Against proposal () General comments
Business or Organization Affiliati	ion: Watts Nelgnbruchood (Council	
Address: Street	City	State	Zip
Business phone:	Representing:		-
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BEL	ow:
Client Name:		i	Phone #:
Client Address:			
Street	City	State	Zip

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Date		THE CITY COUN	CIL'S RULES OF	Counc	il File No.,	Agenda Item, or Case No.
6-14-17		DECORUM WILL	BE ENFORCED.	1	1	
I wish to speak before	he		commit			
		Name of City Agency, D	epartment, Comm	ittee or Council		
Do you wish to provide	general p	ublic comment, or to spea	ık for or against a	proposal on the a	agenda?	For proposal
Name: <u></u>	enan	Sheedy				Against proposal General comments
Business or Organizati	on Affiliatio	n: SET 4	721			
Address:Str						
Str	eet		City	Stat	ө	Zip
Business phone:		Representing:				
CHECK HERE IF YO	U ARE A	PAID SPEAKER AND F	PROVIDE CLIENT	INFORMATION	I BELO	w:
Client Name:					Ph	none #:
Client Address:						
Str	eet		City	Stat	е	Zìp

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.			
6-14-17	DECORUM WILL BE ENFORCED.	4			
I wish to speak before the	Health committee				
	Name of City Agency, Department, Committee of	or Council			
	public comment, or to speak for or against a propo	() Against proposal			
Name: Itather	Kryczka	() General comment	s		
Business or Organization Affiliati	ion: Natural resources	Defense Council			
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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	igenda? (X) For proposal
Do you wish to provide general public comment, or to speak for or against a proposal on the a	igenda? (X) For proposal
Name: Tracey Beitran	
	() Against proposal () General comments
Business or Organization Affiliation: SLOPE	
Address:Street City State	
Street City State	e 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	

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Date	THE CITY COUNCIL'S RUI	ES OF	Council File No.,	Agenda Item, or Case No.
6-14-17	DECORUM WILL BE ENFO	RCED.		f
wish to speak before the	He a 14 Cor Name of City Agency, Department		Council	
Do you wish to provide general	public comment, or to speak for or as	gainst a proposa	al on the agenda?	() For proposal () Against proposal
Name: D 6	ladys Umon			() General comments
Business or Organization Affiliat	ion: Communities	Cer a	Beter	Enuronment
Address:				
Address:Street	City		State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFO	RMATION BELOV	N:
Client Name:			Ph	one #:
Client Address:				
Street	City		State	Zip

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

Date 6/14/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case
I wish to speak before the	Name of City Agency, Department, Committee	e or Council
Do you wish to provide general pe Name: Samila Bro Business or Organization Affiliatio		() Against propos
Address:Street	City	State Zip
	Representing:	·
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date & 14 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Ite	
	I	= 10447	
I wish to speak before the	Name of City Agency, Department, Commit	ttee or Council	
Do you wish to provide general p	public comment, or to speak for or against a p	proposal on the agenda? () For	proposal ainst proposal
Name: Godfrey Wo	nchira	Ger	neral comments
Business or Organization Affiliati	ion: CILEED LA		
Addrass:			
Address:Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phone #: _	
Client Address:			
Street	City	State Zip	

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Date 6/14/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No.
I wish to speak before the			
	Name of City Agency, Department, Committee or	Council	
Name: José Pinc			() Against proposal () General comments
business of Organization Almatic	on:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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THE CITY COUNCIL'S RULES OF

Date

0 14 1 +	DECORUM WIL	L BE ENFORCED.	17-0	947 9
I wish to speak before the				
	Name of City Agency, I	Department, Committee or	Council	
Do you wish to provide general pu	ublic comment, or to spe	ak for or against a propos	al on the agenda	? () For proposal
Name: AYUIA FLDW	NERS			() Against proposal (X) General comments
Business or Organization Affiliatio	n: CREEDLA			
Address: 501 SHAT	TO PLACE	LDJ ANGELES	CA	90020
Street Business phone:	Representing	City	State	Zip
CHECK HERE IF YOU ARE A	,			ow:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip

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Date	THE CITY	COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
6-14-17	DECORU	M WILL BE ENFORCED.		4
I wish to speak before the	@ Health	Committee		
	Name of City Age	ency, Department, Commi	ttee or Council	
Do you wish to provide ge Name: 上方し		to speak for or against a	proposal on the agenda	? (X) For proposal () Against proposal () General comments
Business or Organization A	Affiliation: STa	nD - CA	·	
Address:Street				
Street		City	State	Zip
Business phone:	Repres	senting:		
CHECK HERE IF YOU				
Client Name:			P	hone #:
Client Address:		City	State	Zip
Oliogi		City	Citato	P

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Date June 14, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Public Health Comm Name of City Agency, Department, Committee	
Do you wish to provide genera Name:	3-1411	() Against proposal () General comments
Address:Street	City	State Zip
	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF		genda Item, or Case No.
6/14/17	DECORUM WILL BE ENFORCED.	- W C1	7440.51
I wish to speak before the	ept of Health Mental Health	and Ed	Cute
	Name of City Agency, Department, Committee or C	Council	
Do you wish to provide general p	ublic comment, or to speak for or against a proposal — TOLEY	on the agenda? (((For proposal) Against proposal) General comments
	_		
Business or Organization Affiliation	on: FOOD & WATER WATE	4	
Address: 3 so S.	ROBERTSON # 255, L. ANGE	ELES CA	90034
Business phone: 333 843			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW	/:
Client Name:		Pho	ne #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No	
6/14/17	DECORUM WILL BE ENFORCED.	4	
wish to speak before the	Health Conte		
	Name of City Agency, Department, Committee or	Council	/
Do you wish to provide gene Name: _ ปิดโ m เก โ	ral public comment, or to speak for or against a propos	al on the agenda	() Against proposal
Name: Oalmin I	(or other		() General comments
Business or Organization Aff	filiation:		
Address:Street			
Street	City	State	Zip
3usiness phone:	Representing:		
CHECK HERE IF YOU AR	RE A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	w:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date 6/14/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Health (mte	
-	Name of City Agency, Department, Committee	or Council
Do you wish to provide general posts of the transfer of the tr	public comment, or to speak for or against a propo	() Against proposal
Business or Organization Affiliati	ion;	
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 6 14 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the	Health Cmte Name of City Agency, Department, Committee	or Council	
Do you wish to provide general posterior Name: 50 mm er	yesenofski	osal on the agenda?	Proposal Against proposal Section General comments
_	on:		
Address:Street	City	State	Žip
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zíp

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Date 614 117	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
wish to speak before the	Health Conte		
	Name of City Agency, Department, Committ	tee or Council	
Name: Kayla M	public comment, or to speak for or against a provided the speak for or against a provided to the		(
			-
Address:Street	City	State	Żip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT		/:
Client Address: Street	City	State	Zip
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Date June 14,2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Party Committee Name of City Agency, Department, Committee	or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agenda? (💢 For proposal
Name: Jake Fowler	L	() Against proposal () General comments
Business or Organization Affiliation	on: Recident of Ponter Ranel	2 community
Address:	· · · · · · · · · · · · · · · · · · ·	
Street	City	State Zip
Business phone:	Representing:	
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 June 14, 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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 propos	al on the agenda? () For proposal
Name: <u>Rabeya Sen</u>		() Against proposal () General comments
Business or Organization Affiliati	ion: Esperanza Community House	ing componention
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 06 1417	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	3 01	No., Agenda Item, or Case No.
I wish to speak before the	H MH E Name of City Agency, Department, C	d Curfe Committee or Council	va
Do you wish to provide general p	oublic comment, or to speak for or agai	nst a proposal on the ager	nda? () For proposal
Name:	DiTom	Williams	() Against proposal () General comments
Business or Organization Affiliati	on: Ster Cled Clean	Break	
Address:			90032-1712
Street	City) State	Zip
Business phone:	Representing:	Self	VB2
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BE	ELOW:
Client Name:			_ Phone #:
Client Address:			
Street	City	State	Zip

Date / L / L / / L	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee	4	ngta Item, or Case No.
	Name of Oity Agency, Department, Committee	or Council	
Do you wish to provide gen	eral public comment, or to speak for or against a prop		
Name:	Depola 1	James () Against proposal) General comments
Business or Organization A			
Address:	6		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone	e #:
Client Address:	City	State	Zip
011001	0.1,		

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

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	CITY OF LOS AND	ELES SPEAKER	CARD	
Date	THE CITY COUNC		Council File No., Agenda Item, or Case N	0.
I wish to speak before the	Name of City Agency, De	epartment, Committee or	r Council	
Do you wish to provide ger Name: Business or Organization A	HV III	for or against a propos	tal on the agenda? () For proposal () Against proposa () General comme	
Address:Street		Cincl	2000	
	Representing:	42	State Zip	
CHECK HERE IF YOU A	RE A PAID SPEAKER AND P	ROVIDE CLIENT INFÓ	RMATION BELOW!	
Client Name:	· · · · · · · · · · · · · · · · · · ·		Phone #:	
Client Address:Street		City	State Zip	

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