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Date	THE CITY C	OUNCIL'S RU	ILES OF		., Agenda Item, or Case No.	
2-9-16	DECORUM WILL BE ENFORCED.			Hem#8-CF15-1511		
wish to speak before the Entertain ment of Facilities						
	Name of City Agend	cy, Departmen	it, Committee or 0	Council		
Do you wish to provide general p	public comment, or to	speak for or a	igainst a proposa	on the agenda		
Name: Tesha S	nler				Against proposal General comments	
Business or Organization Affiliation	on: LOS Angel	les Food	Policy Co	uncil		
Address: 200 N / S				A	900/2	
Business phone:				State	Zip	
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE	CLIENT INFOR	MATION BELO	ow:	
Client Name:				F	hone #:	
Client Address:						
Street		City		State	Zip	

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(1) 20//		TTY COUNCIL'S RULES OF Council RUM WILL BE ENFORCED.		File No., Agenda Item, or Case No.	
I wish to speak before the		men + Facility, Department, Committee	+		
Do you wish to provide genera	al public comment, or to	speak for or against a pro	posal on the agenda?	() For proposal	
Name: <i>Sea</i>	n Gregory			Against proposal General comments	
Business or Organization Affilia	ation: CAC	AN WRAF	7		
Address: 838 2				90024	
Street Rusiness phone: 213-22	8-0034 Represer	City nting:	State	Zip	
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT II	NFORMATION BELOW	v:	
Client Name:			Pho	one #:	
Client Address:					
Street		City	State	Zip	

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Date 2/9/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	stertainment + Facilitie	S Com.
	Name of City Agency, Department, Committee oublic comment, or to speak for or against a produced compact.	posal on the agenda? () For proposal
	on: Los Angeles Community	testion Network
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 2 5 1 5 I wish to speak before the	Enter to	COUNCIL'S RULES OF WILL BE ENFORCED TIME TO THE TOTAL TH	Facilities Com	genda Item, or Case No.	
Do you wish to provide get			proposal on the agenda? () For proposal) Against proposal	
Name:	Skel Dia	2	() General comments	
Business or Organization A	Affiliation:				
Address:					
Street		City	State	Zip	
Business phone:	Repres	enting:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Pho	ne #:	
Client Address:		City	State	Zip	