CIT	Y OF LOS ANGELES SPEAKER	CARD \$6-0749					
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Date 91316	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.					
I wish to speak before the ED Committee							
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? () Against proposal Name: DUBE DYNE Havis () General comments							
Business or Organization Affiliation:							
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					

CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS YOU ARE NO EXCEPT TO T	IS A PUBLIC DOCUME T REQUIRED TO PRO HE EXTENT NECESSA	VIDE PERSONAL INFO	TING ON THE CIT RMATION IN ORE IG OFFICER TO (Y'S WEBSI DER TO SPE CALL UPON	TE. AK, YOU			
Date 9113116	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.			Council File No., Agenda Item, or Case No.				
I wish to speak before the Cety Council								
Do you wish to provide general p Name: Business or Organization Affiliati	Silliams Hotel Ep.	N/ 200	a proposal on the	agenda?	 For proposal Against proposal General comments 			
Address: 169 pac	efac Que	Venica City	C/A s	902 j	3() Zip			
Business phone: 924-214-1030 Representing:								
Client Name:				Pho	one #:			
Client Address:Street		City	S	itate	Zip			

CITY OF LOS ANGELES SPEAKER CARD

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CITY OF LOS ANGELES SPEAKER CARD

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Date 9/13/16	THE CITY COUNC DECORUM WILL I		Council File No.,	Agenda Item, or Case No.			
I wish to speak before the <u>Economic Development Committee</u> Name of City Agency, Department, Committee or Council							
Do you wish to provide general Name: <u>Stave</u> <u>He</u> Business or Organization Affiliat	umayn		I on the agenda?	 (V) For proposal () Against proposal () General comments 			
Address: <u>8 Horizon</u>	Ave	Venice	State	90291			
Business phone: 3/0 392 4687 Representing: Self							
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			Ph	ione #:			
Client Address:Street		City	State	Zip			