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Date () - 13 - 16 I wish to speak before the	Name of City Agency, Department, Committee or		0., Agenda Item, or Case No. 3 16-0600 -S14
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda	a? () For proposal () Against proposal
Name:	Fric Wreven		() General comments
Business or Organization Affilia	tion:		
Address: Street	Cit.	Charles	7:
	City Representing:	State	Zip
business priorie.	nepresenting.		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	OW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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1016	DECORUM WILL BE ENF		ile No.
I wish to speak before the			16-0600-5145
	Mame of City Agency, Departmen		
Do you wish to provide general pu	blic comment, or to speak for or a	against a proposal on the ag	enda? or proposal Against proposal General comments
Name: Business or Organization Affiliation	CA HA HO		will 11
Address:	1		HITT
Street Business phone:	City Representing:	Otate	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE	CUENT INFORMATION	BELOW:
Client Name:	ACY H	He	Phone #:
Client Address: Street	City	State	Zb

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	
I wish to speak before the	Name of City Agency, Department, Comm	+ 10c, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Do you wish to provide genera	I public comment, or to speak for or against a	
	ation: 1 W. O. 2, 16,5	5
Address: 795 N	1 2 V Z 50) City) <u>C</u> 9/0642 State Zip
Business phone: 323 34	Representing: NCR	ICS
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 12-13-16	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	Name of City Agency, Department, Committee		-
Do you wish to provide general pu	ublic comment, or to speak for or against a prop	osal on the agend	la? (For proposal
Name: Kasta (La)	sm3		() Against proposal () General comments
Business or Organization Affiliatio	n:		
Address: Street	ck Cour Venice	State	90291
Business phone:	Representing: Venice Re	Sident	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BEI	LOW:
Client Name:			Phone #:
Client Address:	O't-	Children	7:-
Street	City	State	Zip

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Date 12/13/16	THE CITY COUNCIL		Council File No.,	Agenda Item, or Case No.
/ / I wish to speak before the	ENTERTAINMENT		ILITES	Computer
	Name of City Agency, Dep			
Do you wish to provide general Name:	3. JONES			() General comments
Business or Organization Affilia	tion: VENICE	COMMUNIT	Y HOUSING	7
Business or Organization Affiliation Address:	wy st #14	VENICE	State	90291
Business phone:		Sity	State	Ζίμ
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PR	OVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:			Ph	none #:
Client Address:		City	State	Zip

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Date 12.13.16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee		,
Do you wish to provide general p	public comment, or to speak for or against a pro		For proposal Against proposal General comments
Business or Organization Affiliati	. 1		
Address: 12000 Street	Washington Pl	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW	<i>I</i> :
Client Name:		Pho	one #:
Client Address:	City	State	7in

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Date 12-13-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the 💪	Name of City Agency, Department, Committee of	or Council
Do you wish to provide general	I public comment, or to speak for or against a propo	osal on the agenda? () For proposal () Against proposal () General comments
-	ation: Venice Community Harring)
	5 Pl- HZ Venice City	CA 910297 \ State Zip
Business phone: (36) 266	-9660 Representing: Venico Resid	tent
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 12/13/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the 上り	Hertainment & Facilities Committee	
Name: Marie Kenn	ablic comment, or to speak for or against a prop ady n: Venice resident pan	() Against proposal () General comment
	nd Ave. Ventue City 1055 Representing:	
	PAID SPEAKER AND PROVIDE CLIENT IN	22.54 (
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 12.13.16	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OI .	cil File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Co		res C	omanittee
Do you wish to provide general	public comment, or to speak for or again	st a proposal on the	agenda? () For proposal
Name: Jaime	Sancher) Against proposal) General comments
Business or Organization Affiliati	on:			
Address: \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Beach Ave 9	0292 Sta	ate	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CL	IENT INFORMATIO		ne #:
Client Address:Street	City	Sta	ate	Zip

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Date 12.13.16	THE CITY COUNCIL'S RULES (DECORUM WILL BE ENFORCE		Council File	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Cor			ies
Do you wish to provide general	al public comment, or to speak for or agains	t a proposal	on the agend	da? (/) For proposal () Against proposal () General comments
Business or Organization Affili	Inglewood city	nity	How	Zip
	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	ENT INFORI	MATION BE	LOW:
Client Name:				Phone #:
Client Address:Street	City		State	Zip

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Date 12.13.16	THE CITY COUNDECORUM WILL			Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Entertain r Name of City Agency, Do	<u>nen+</u> epartment, Com	Fact mittee or C	laties	
Do you wish to provide general Name:					a? () For proposal () Against proposal () General comments
Business or Organization Affili		Commi	mity	Hous	sing
Address:Street		City		State	Zip
Business phone:	Representing:				
CHECK HERE IF YOU ARE	A PAID SPEAKER AND F	PROVIDE CLIE	NT INFOR	MATION BEL	.ow:
Client Name:					Phone #:
Client Address:Street		City		State	Zip