CII	IT OF LOS ANGELES SPEAKE	H CARD 0-(	473
Date 11/23/2010	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	ame of City Agency, Department, Committee	m, Hee/	
Na	ame of City Agency, Department, Committee	or Council	
Do you wish to provide general public Name: <u> </u>	c comment, or to speak for or against a propo	osal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
/ Business or Organization Affiliation:	Event Wy Lev		
Address: 1861 N. V.	Oity NESS MAD #307		
Business phone: 3)3856-56	City  OS Representing: COCVOO	State C/	Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOV	V: [
Client Name:		Ph	one #:
Client Address:	City	State	Zip
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
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	Groarty Terr, Tujunga,	
Business phone: <u>%18-35</u>	· · · · · · · · · · · · · · · · · · ·	2.19
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	CITY OF LOS ANGELES SPEAK	ER CARD #/T
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	Representing:	'
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			CA	9000	4
Address: $651  \text{N} \cdot \text{Nat}$ Street  Business phone: $323 - 335$	Represen	ting:ZeeVA Taksimba	Ring State	ton tsa	as Barne
CHECK HERE IF YOU ARE	•			ELOW:	
Client Name:				Phone #:	
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## CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the 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? ( ) For proposal Against proposal General comments Business or Organization Affiliation: Address: /// Business phone: \$18.822.213.0

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CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name:

Client Address: \_\_\_\_\_Street

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Do you wish to provide general Name: DAVID BE	in the second		sal on the agenda	? ( ) For propos Against pr General co	oposal
Business or Organization Affiliat	tion: East Hally	wood NC			
Address: 1158 1/2 1/2 Street	II.		C A	90020	<u> </u>
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Name: / / //	lellgnan,	( ), Against proposal ( ) General comments
Business or Organization Affiliat	ion: HO/KKUNA HATS COUNC	elf.
Address: 667/ Sw	wet Blod! #15021	fol/quord Cf 90028
Business phone: Street	355 Representing: HAC /	/ State Zip
	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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