CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Land or other teams	

Date August 21 2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
	ALC WKS COMFE Name of City Agency, Department, Committee of	or Council	,
Name: Kenn Mor	lic comment, or to speak for or against a propo		() Against proposal () General comments
Business or Organization Affiliation:	Hollyword BID		
Address: 1680 Vine	St #414 LA	90004	
Susiness phone: $\frac{323}{833}$	HOLLYWORD BID St #414 LA City BID	State	Zip
	AID SPEAKER AND PROVIDE CLIENT INF		
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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

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B/21/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the PUBL	IC LSORS & GANG REDUC Name of City Agency, Department, Committee		NITTEE
Name: PHILLP FE	lic comment, or to speak for or against a pro	(For proposal) Against proposal) General comments
Business or Organization Affiliation:	STARLINE TOUR	25	
Address: 6801 HOLLYLO	DO BLUD. \$221, LOS ANGE	CLES CA	90028
Business phone: 323 765 6:	200 Representing: STARLIN	re Tours	
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW	/:
Client Name:		Pho	ne #:
Client Address:			
Street	City	State	Zip

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Date 8/21/13 THE DEC	CORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theName of C	City Agency, Department, Committee	or Council
Do you wish to provide general public commo	ent, or to speak for or against a prop	osal on the agenda? (T) For proposal
Name: Nicol Shaheria	n	() Against proposal () General comments
Business or Organization Affiliation:	ywood Chamber D	f commerce
Address: 7018 Hollywo	Dd Blud. LA	CA GOD 38 State Zip
	City /	State Zip
CHECK HERE IF YOU ARE A PAID SPE	AKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name: Mumbushy		Phone #:
Client Address:		
Street	City	State Zip

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