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Date 10/20/20(0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1 0 -	, Agenda Item, or Case No.
I wish to speak before the		or Council	0080
A	oublic comment, or to speak for or against a propo		P (C) For proposal () Against proposal () General comments
Business or Organization Affiliation	on: VICA		
Address:Street	man Way, ste. 170	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date 10/26/16	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 pub	lic opmment, or to speak for or against a propo	sal on the agenda	? () For proposal
Name: JoHW	HOWLAND		() Against proposal () General comments
Business or Organization Affiliation:	CONTRAC UTY H	-3088-	
Address: 626 Will	LSMIKE 2 ZVO LA CA	900/Z State	Zip
	Representing:		
	AID SPEAKER AND PROVIDE CLIENT INFO		ow:
Client Name:		P	hone #:
Client Address:	A !		
Street	City	State	Zip

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Date 10/20/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee		
Name: Kevin lan		posal on the agenda	Proposal Against proposal Beneral comments
Business or Organization Affiliat			
Address: (GOO) Shang Street	ian Way, Ste 170	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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#3

Date 10 - 26 - 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 o	r Council
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? () For proposal
	andria Beosley	() Against proposal
Business or Organization Affiliati	ion: LA Area Chamber	OF Complete
Address: 350 5 Te	Sivel St. Los Angeles,	C Q 90017 State Zip
Business phone: (213)	558 Representing: Busines	ses in LA region
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:Street		
Street	City	State Zip



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Date	THE CITY COUNC	CIL'S DIII ES OE	Council File No., Ad	genda Item, or Case No.
102620			1+8	MZ
I wish to speak before the	Name of City Agency, De	epartment, Committe	e or Council	
Do you wish to provide general Name:	1 3		() For proposal) Against proposal) General comments
Business or Organization Affiliati Address:		City	State	G160-
Business phone:	Representing:	,		/
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	PROVIDE CLIENT II	NFORMATION BELOW	
Client Name:			Pho	ne #:
Client Address: Street	rthh	City City	State	9/60)