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Date Pg31, 2016 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED Name of City Agency, Department, Comm	[F-14-0057 5-8
Do you wish to provide general p	oublic comment, or to speak for or against a	a proposal on the agenda? For proposal () Against proposal () General comments
Business or Organization Affiliation Address: Street Business phone: Street Street	Valloy Vista S 1800 Representing: Seff	herman CHRS CA 9 140 State Zip
Client Name:	A PAID SPEAKER AND PROVIDE CLIEN	Phone #:
Client Address:Street	City	State Zip

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Pate 8 · 3/ · 16	THE CITY COUNCIL'S DECORUM WILL BE	ENFORCED.	(19	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depart			
Do you wish to provide general p	public comment, or to speak for	or against a proposal	on the agenda?	() For proposal
Name: - ELIZA	BETH HE	CROSS		() Against proposal () General comments
Business or Organization Affiliation	on: _ SELF		A	
Address: 935 W	. Ave 37 dity	Cosangel	y CA State	900 G5
Business phone: 323725	:57// Representing:	SELF '		
CHECK HERE IF YOU ARE A			MATION BELOV	w:
Client Name:			Ph	one #:
Client Address:				

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Date 3 1311/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No. $7 - 58$
I wish to speak before the			m (19) 22/4 de
	Name of City Agency, Department, Committee of	r Council	
	ral public comment, or to speak for or against a propo		() Against proposal
Business or Organization Affil	liation:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip
	rd for important information and submit this entire care	d to the presiding	officer or chairperson.

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Date 8 3 1 1 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	14-00	Agenda Item, or Case No. 57 -58 9) 22 40 41
I wish to speak before the	Name of City Agency, Department, Committee or		7. 70 11
	Name of City Agency, Department, Committee of	Couricii	
	ublic comment, or to speak for or against a propos		() For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		
Address:			
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	W:
Client Name:		PI	none #:
Client Address:Street			
Street	City	State	Zip

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Date 8/31/16	1,000,000,000,000,000	DUNCIL'S RULES OF VILL BE ENFORCED.		No., Agenda Item, or Case No. 1 tem (19) 2 140
I wish to speak before the				
	Name of City Agend	y, Department, Committee	e or Council	
Do you wish to provide general	public comment, or to	speak for or against a pro	posal on the agend	da? For proposal () Against proposal
Name: Matthew Gr	negorchuk			() General comments
Business or Organization Affilia	tion:			
Address: 26 22053 K	esville st	Winnetka City	State	91306 Zip
Business phone:	Represent	ring:		
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT IN	IFORMATION BE	LOW:
Client Name:				Phone #:
Client Address:			0	The state of the s
Street		City	State	Zip

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Date 8/31/16	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORC	OI .	o., Agenda Item, or Case No.
I wish to speak before the			
	Name of City Agency, Department, Co	mmittee or Council	
Do you wish to provide genera	al public comment, or to speak for or again:	st a proposal on the agenda	? OFFor proposal
Name: Stephen W.	Gregorchok		() Against proposal () General comments
Business or Organization Affili	ation:		
Address: 7323 Vin	netka Winnetka	C A State	91306 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BEL	ow:
Client Name:		F	² hone #:
Client Address:Street	City	State	Zip
Street	City	State	ک ال

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				.~
Date 8 31 16	THE CITY COUNC		Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, De	-	Council	
Do you wish to provide general	public comment, or to speak	for or against a propos	al on the agenda	? () For proposal
Name: Anna I				() Against proposal () General comments
Business or Organization Affilia	tion: SIXth Dist	Rect - home	owner	
Address: 6600 Street				
Business phone:	Representing: _	suf	Otato	د اه
CHECK HERE IF YOU ARE			RMATION BELC	ow:
Client Name:			P	hone #:
Client Address:		City	State	Zip

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Date 3 Wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee	Council File No., Agenda Item, or Case No.
Do you wish to provide general	public comment, or to speak for or against a pro	oposal on the agenda? () For proposal
Name: Yochix U	Din 1 also	() Against proposal () General comments
Name: Voc. C	17 C 121 010 C	(,
Business or Organization Affiliat	ion: LOTAIS WLANC	
	-	
Address:Street	City	State Zip
	Representing:	
Dustriese prierie.	rtoprocenting.	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip
Street	City	State ZIP

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#19
a Item, or Case No.
or proposal against proposal General comments
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EXCEPTION	THE EXTENT NECESSARY FOR THE PRESIDING OFF	ICER TO CALL UP	ON YOU /F
Date 8/31/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., 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	public comment, or to speak for or against a propo-	sal on the agenda	? () For proposal
Name: Robert S	Sestes 31NGFER		Against proposal General comments
Business or Organization Affiliati	ion: BABENC		
Address: 1891 San	PSIBORU DA CH	State	90210
Business phone: 3/0-27	Representing: BABCNC		p
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date Agust 31 2016 I wish to speak before the Na	THE CITY COUNCIL'S F DECORUM WILL BE EN A. C. Ly Council The City Agency, Department	FORCED.	ncil File No., Agenda Item, or Case No.
Do you wish to provide general public	1.	against a proposal on the	(X) Against proposal
Name: Kohn Green	Noerty		() General comments
Business or Organization Affiliation:	BARCNE		
Address: 15549 Hamnes	c.Dr LA	Ca	90077
Business phone: 310 908000	Representing:	Ar Rounly Crest	Neighborhand (ounce)
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVID	DE CLIENT INFORMATION	ON BELOW:
Client Name:			Phone #:
Client Address:Street	City	S	tate Zip

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Date 8/31/16	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	or Council
Do you wish to provide general p	public comment, or to speak for or against a prop	posal on the agenda? (,) For proposal
Name: LYNN K	oublic comment, or to speak for or against a prop UNAHARA	(F) Against proposal (F) General comments
Business or Organization Affiliati	on: RESIDENT	
Address: ///8 5, 0	N/NDSOR BL. L-A-) $2/-095$ Representing: $5ELF$	CA 900/9 State Zip
Business phone: 310 87	7-095 Representing: SELF	
	PAID SPEAKER AND PROVIDE CLIENT IN	
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date $8/31/2016$ I wish to speak before the C	THE CITY COUNTY	LL BE ENFOR	3 01	4-005	nda Item, or Case No. 7 — 58 7 E M 19
	Name of City Agency	Department, C	Committee or Counc	lic	
Do you wish to provide general p		_	nst a proposal on th		For proposal Against proposal General comments
Business or Organization Affiliation					
Address: Z 9 26 M	EADOWVALE	AWB	LOS ANDELL	93 CA	9003/
Business phone: 3/0 740 7				State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER ANI	D PROVIDE C	LIENT INFORMAT	ION BELOW:	
Client Name:				Phone	e #:
Client Address:Street		City		State	Zip

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THE CITY COUNCIL'S BUILES OF

Council File No., Agenda Item, or Case No.

923/2016	DECORUM WILL BE ENFORCED.	#	19
I wish to speak before the	the city council	0 "	
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general pu	blic comment, or to speak for or against a propos	al on the agenda?	For proposal Against proposal
Name:	VIANIZOFI		() General comments
Business or Organization Affiliation	Homeowner	1 an	\ /
Address: Street	aswall Ave Lif	State	766 Zip
Business phone: 30.87	7776 presenting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOV	v:
Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	r Council	
Do you wish to provide general position. Name: Manual Man			a? () For proposal () Against proposal () General comments
Address: 17554 Fl	anders. of Granada Hills	CA	91344 zip
	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 8/3///6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.	
I wish to speak before the	N. COLLAND B. L. L. O. THE	0 "		
De veri viele te everide ecces	Name of City Agency, Department, Committee or		(V) For proposal	
Do you wish to provide genera	al public comment, or to speak for or against a propos	al on the agenda?	Against proposal	
Name: Seged -	Dadeh		() General comments)
Business or Organization Affili	iation:			
Address:				
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:	
Client Name:		Ph	none #:	_
Client Address:				
Street	City	State	Zip	

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Date 8-31-2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., 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 p	public comment, or to speak for or against a propo	sal on the agenda	? (V) For proposal
	ara dyan		() Against proposal () General comments -
Business or Organization Affiliation	on:		
Address: 6228 Elme	or Ave N. Hollywood, CA, 91	606	
	740 Representing:		Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

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Date 31 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee o	Council File No Agenda Iten	n, br Case No.
Do you wish to provide general Name: Business or Organization Affiliat Address: HOB FA	public comment, or to speak for or against a proposition: STUDIO CITY NEIGHBORHOOF RANDALE AVE., STUDIO City	(Agair	roposal est proposal eral comments CETYRESTUG ASSOC
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date August 31,2016		COUNCIL'S RULES OF M WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
I wish to speak before theN	ame of City Ag	gency, Department, Committee	or Council	
Do you wish to provide general publ	ic comment, or	to speak for or against a prop	osal on the agenda?	() For proposal
Name: <u>Carlyle Hal</u>				Against proposal () General comments
Business or Organization Affiliation:	LA NO	eighbore in Aetim		
Address: 2710 Krim	Drue	City	C A State	90067
Business phone: 310 YFS -				
CHECK HERE IF YOU ARE A PA	AID SPEAKEF	AND PROVIDE CLIENT IN	FORMATION BELO	w:
Client Name:			Ph	none #:
Client Address:		City	State	Zip

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Date 8/31/16 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of City Agency, Department, City Agency, City Agenc	19	genda Item, or Case No.
Do you wish to provide general p	oublic comment, or to speak for or against a propo	sal on the agenda?) For proposal
Name: MARK	KENYON		Against proposal General comments
Business or Organization Affiliation	on: Mount WASHINGTON Hon	12 OUNSES	S'ALLIANCE
Address: 505 4	on: MOUNT WASHINGTON HON 2. AVENUE 44 LOS City	ANGRUES	CA-90080
Business phone: 3235	Representing:		
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:Street	City	State	Zip

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Date 8/31/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	., Agenda Item, or Case No.
I wish to speak before the	City Counci(Name of City Agency, Department, Committee or	Council	
Name: Daniella	public comment, or to speak for or against a propos	al on the agenda?	? () For proposal () Against proposal () General comments
Business or Organization Affiliation Address: 15148 F	faynes St Van Nuy 9 2267 Representing: Self	IS CA	914U
	9 220 Representing: SUF A PAID SPEAKER AND PROVIDE CLIENT INFO		ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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8-31-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		57-S8 #19
I wish to speak before the	Name of City Agency, Department, Committee		
Do you wish to provide general Name:	public comment, or to speak for or against a pr	oposal on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliati	ion:		
Address:Street	Citv	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	INFORMATION BELO	w:
Client Name:		Ph	none #:

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Date 2/31/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	City (ounci)		
	Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general Name:	public comment, or to speak for or against a propo		For proposal () Against proposal () General comments
Business or Organization Affilia	ition:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Pr	none #:
Client Address:			
Street	City	State	Zip

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Date 8/31/2016	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	or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	
Name: Daniel Free	Eman	() Against proposal () General comments
Business or Organization Affiliation		
Address: 1900 Ave	e of Stars, 7 The Los Angeles	CA 9006 Ч State Zip
Business phone: 310 785 S	Representing: Mark Solo	ika
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name: Mark 5	daken	Phone #:
Client Address: 2716 Kr	City	State Zip

(ETC

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Date 31/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	10	., Agenda Item, or Case No.
I wish to speak before the	CC		
	Name of City Agency, Department, Comm	ittee or Council	
Do you wish to provide general Name:	public comment, or to speak for or against a	proposal on the agenda	? () For proposal (X) Against proposal () General comments
Business or Organization Affiliat	ion:	70 M	21.1
Address: 4050 BU	RUET VAN NUYS	CA	91405
Business phone: 0 Breet	3404 Representing: City	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	T INFORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip



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Date 8/31/16	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 Ag	ency, Department, Committee	or Council	
Do you wish to provide general Name: KEN KIERS	ıl public comment, or	to speak for or against a prop	osal on the agenda	(X) Against proposal (G) General comments
Business or Organization Affilia	ation:			
Address: 6654 Bur Street Business phone: 2934	est Ave	Van Ouys	State	91405 Zip
Business phone: 293	24-6256 Repres	senting:		
CHECK HERE IF YOU ARE			FORMATION BEL	OW:
Client Name:				Phone #:
Oli and Andreas		8		
Client Address:Street		City	State	Zip



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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

Date 8-3(-/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	public comment, or to speak for or against a propos		a? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on: THE Developmen T		
	tteras NorthRedge		Zip
Business phone: 818 4 100	Representing:		
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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Date \$ 31 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda item, or Case No.
I wish to speak before the		The state of the s	7
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide genera	al public omment, or to speak for or against a propo	osal on the agenda?	() For proposal
Name:	Ceppita Die		() Against proposal General comments
Business or Organization Affili	fation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip

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Date 8/3///6 I wish to speak before the	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE LITY (OUNCIL	CED. AGENT	Agenda Item, or Case No.	
Name of City Agency, Department, Committee or Council				
Do you wish to provide general p	public comment, or to speak for or again	ist a proposal on the agenda?	For proposal	
Name: JOHN GR	EGORCHUK		Against proposal General comments	
Business or Organization Affiliation: SELF				
	36th PLACE LOS L	INGELES LA	90018	
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Ph	none #:	
Client Address:	City	Chata	7:	
Street	City	State	Zip	

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#19

Date 8/3//16	THE CITY COUNCIL'S DECORUM WILL BE E			, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departn	nent, Committee o	r Council	
Do you wish to provide general Name:	Il public comment, or to speak for o	or against a propo	sal on the agenda	Proposal Against proposal General comments
Business or Organization Affilia			97	
Address: 2565 C	City Representing:	LA	CF GD State	OC4 Zip
Business phone:	Representing:	301		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFO	ORMATION BELO	ow:
Client Name:		9.	P	hone #:
Client Address:				
Street	City		State	Zip