Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (24) - 15-0344-S1

Do you wish to provide general pul	olic comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Juan T One				
Business or Organization Affiliation	1:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	nting:		
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CI	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	Zin
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Date: 02/01/2017

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Council File No., Agenda Item, or Case Item NO. (24) - 15-0344-S1

Do you wish to provide g	eneral public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Saen				
Business or Organization	n Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU A	ARE A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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Do you w	rish to provide general public comment, or to spe	ak for or against a proposal on the agenda? (	Jeneral Comment	
Name: _	Eric Preven			
Business	or Organization Affiliation:			
Address:				
	Street	City	State	Zip
Business	Phone:	Representing:		
CHECK I	HERE IF YOU ARE A PAID SPEAKER AND PRO	OVIDE CLIENT INFORMATION BELOW:		
Client Na	me:		Phone#:	
Client Ad	dress: Street	City	State	7in

Date: 02/01/2017

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Council File No., Agenda Item, or Case Item NO. (24) - 15-0344-S1

Do you w	sn to provide general public comment, or to spea	ak for or against a proposal on the agenda? Ge	eneral Comment	
Name:	HermanU Fools			
Business	or Organization Affiliation: Trump First Am	nendment		
Address:	42 U S C 1983	La Sinners		90002
	Street	City	State	Zip
Business	Phone:	Representing: ADA Title 13132		
CHECK H	ERE IF YOU ARE A PAID SPEAKER AND PRO	OVIDE CLIENT INFORMATION BELOW:		
Client Na	me:		Phone#:	
Client Ad				
	Street	City	State	Zip

Date: 02/01/2017

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Do you wish to provide general	public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Seqnn				
Business or Organization Affilia	ation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	_
Client Address:	Street	City	State	
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