Date: 05/30/2017

Council File No., Agenda Item, or Case

Item NO. (3) - 15-0387-S2

l wish to speak bef Do you wish to pro	fore the Council ovide general public comment, or to speak fo	r or against a proposal on the agenda?	General Comment	
Name: Rudy S	Svorinich Jr			
Business or Organ	ization Affiliation:			
Address:	Po Box 6418	San Pedro	Са	90734
	Street	City	State	Zip
Business Phone: _	Repi	esenting: Plains Pipeline		
CHECK HERE IF	YOU ARE A PAID SPEAKER AND PROVID	E CLIENT INFORMATION BELOW: X		
Client Name: Pla	ans Pipeline		_ Phone#:	
Client Address:		Houston		
	Street	City	State	Zip

Date: 05/30/2017

Council File No., Agenda Item, or Case

			Item NO. (3)	- 15-0387-S2
I wish to speak before the Council Do you wish to provide general publ	c comment, or to speak for or ag	ainst a proposal on the agenda? Ge	neral Comment	
Name: ARNOLD SACHS				
Business or Organization Affiliation:				
Address:	reet	City	State	Zip
				—·P
Business Phone:	Representii	ng:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	Zip
	Olicel	City	Jiait	∠ip

Date: 05/30/2017			Council File No., Agenda Item, or Case Item NO. (3) - 15-0387-S2	
I wish to speak before the	Council			
Do you wish to provide ge	eneral public comment, or to speak for	r or against a proposal on the agenda?	General Comment	
Name: Walsh				
Business or Organization	Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repr	esenting:		
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PROVIDI	E CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 05/30/2017			Council File No., Agenda Item, or C Item NO. (3) - 15-0387		
I wish to speak before the Coun	cil				
Do you wish to provide general	public comment, or to speak for o	r against a proposal on the agenda?	General Comment		
Name: Eric Preven					
Business or Organization Affiliat	ion:				
Address:		_			
	Street	City	State	Zip	
Business Phone:	Repres	enting:			
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE (CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	