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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	COUNCIL		
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	public comment, or to speak for or against a proposa	al on the agenda	? () For proposal
-	UCHYMIAK		() Against proposal
Business or Organization Affiliati	ion:		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date Pug 31, 2016 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Comm	Council File No., Agenda Item, or Case No.
Do you wish to provide general p	ublic comment, or to speak for or against a	proposal on the agenda? For proposal () Against proposal () General comments
Business or Organization Affiliation Address: Street Street Street CHECK HERE IF YOU ARE A	Vallag Vista, SI	State Zip
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 8/31/16	THE CITY COUNC			No., Agenda Item, or Case No.
I wish to speak before the				
	Name of City Agency, De	partment, Committ	ee or Council	
Do you wish to provide general Name: Stephen W.				() Against proposal
Business or Organization Affilia	ation:			
Address: 7323 Vin	netka Win	netka	C A State	91306 Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMATION BEI	LOW:
Client Name:				Phone #:
Client Address:Street				

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8/31/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No. 1 tem (19)00 1401
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
	sublic comment, or to speak for or against a prop	oosal on the agen	da? For proposal () Against proposal () General comments
	on:		
Address: 2053 Ke	swick st winnetka	State	91306 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 8 3 1 1 5 1 Wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. me of City Agency, Department, Committee of	14-005 Item (19	genda Item, or Case No. 7 -58 22 40 54)
1401	me of only rigorioy, bepartment, committee of	Courion	
Name: Piruza	Papazyun	() Against proposal) General comments
Address:Street	City	State	Zip
	Representing:		Σip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:			
Client Address:Street	City	State	Zip

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Date 1311/6 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee or	14-00 5 I to	10., Agenda Item, or Case No. $7-58$ $M(49)/22/49/4$
Name: <u>GAREN</u> P	oublic comment, or to speak for or against a proposed in the comment of the speak for or against a proposed in the comment of	al on the agend	() Against proposal
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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B'3/- 16 I wish to speak before the	the city council'decorum will be los angles.	ENFORCED.	(19	Agenda Item, or Case No.
	Name of City Agency, Depart			
Do you wish to provide general Name:	al public comment, or to speak for ABETH HE	r or against a proposa	al on the agenda?	For proposal Against proposal General comments
		, ,	1	0.000
Address: 435 C	W. Ave 37 di	WS ange	Les CA	700 GS
Business phone: 32372	25:57//_ Representing:	SELF	State	Zip
	A PAID SPEAKER AND PRO		RMATION BELOV	v:
Client Name:		,	Pho	one #:
Client Address:	0			
Street	Cit	y	State	Zip

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8-31-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. # 22
I wish to speak before the	Name of City Agency, Department, Committee	pe or Council
Do you wish to provide general	public comment, or to speak for or against a pro	
Name:	Antoria	AMINZ () General comments
Business or Organization Affilia	tion:	
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip



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Date 8-31-20/6	THE CITY COUNCIL'S DECORUM WILL BE E		Council File	No., Agenda Ite	em, or Case No.
I wish to speak before theN	ame of City Agency, Departm	nent, Committee	or Council	16-0	348
Do you wish to provide general publ Name:	ic comment, or to speak for c	or against a prop	posal on the agend	Aga Aga	proposal ainst proposal neral comments
Business or Organization Affiliation:					
Address: 3/50 DC	mans on	LOS	AND-8669	CA	90068
Address: 3/50 DC Business phone: 323 963 9	209 Representing:		State	Zip	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVI	DE CLIENT IN	FORMATION BE	LOW:	
Client Name:				Phone #: _	
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. CTTY COUNCIL	Council File No. Agenda Item or Case No.
Do you wish to provide general p	Name of City Agency, Department, Committee public comment, or to speak for or against a prop	osal on the agenda? () For proposal
Name: 19: ARKY	JOHNSON	() Against proposal () General comments
Business or Organization Affiliation	ARMDALE DIVE, STU	DIO CETY ON QUAL PLASSIC,
Street	City Representing:	State
	A PAID SPEAKER AND PROVIDE CLIENT INF	
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date A agrest 31, 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	•	., 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 pul	olic comment, or to speak for or against a propo	osal on the agenda	? () For proposal
Name: Carlyle Hall			Against proposalGeneral comments
	LA Weighbors in Action		
	rim Trive hA	C ♣ State	900CY Zip
Business phone: 310 488 -	1130 Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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Date 9/31/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
mon to opean boilers the	CTY COUNCIL Name of City Agency, Department, Committee	or Council	
Do you wish to provide general pub	olic comment, or to speak for or against a prop	osal on the agenda?	() For proposal
Name: LYNN R	-UWAHARA		() Against proposal() General comments
Business or Organization Affiliation	RESIDENT		,
Address:	WINDSOR BL. L.A.	CA	90019
Street Business phone: 3/0/87/-0	NINDSOR BL, L.A. City P.5.7 Representing: SELE	State	Zip /
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip

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Date 8/31/1	6	THE CITY COUNC			No., Agenda Item, or Case No.
I wish to speak befo	ore the	Name of City Agency, De	partment, Commit	ttee or Council	
Do you wish to prov Name: MA		ublic comment, or to speak	for or against a p	proposal on the ager	nda? () For proposal Against proposal () General comments
D	A CCT - N	MINH	1	1.87105	CA Canaca
		AVENUE A BOUS Representing:		State	CH 70065
		PAID SPEAKER AND PI		INFORMATION BE	ELOW:
Client Name:					Phone #:
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	Orunci (Name of City Agency, Department, Committee	or Council
Do you wish to provide general	public comment, or to speak for or against a prop	osal on the agenda? () For proposal
Name: Danielle	Langlois	() General comments
Business or Organization Affiliat	ion:	
Address: 15148 H	aynes St Van Nuy 7 2267 Representing: Self	15 CA 91411
Business phone: 917 316	7 2267Representing: SUF	State Zip
	A PAID SPEAKER AND PROVIDE CLIENT INF	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 6-31-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general	I public comment, or to speak for or against a prop	osal on the agenda	? () For proposal
Name: <u>Jra</u> 1	Belgrade		() Against proposal () General comments -
	ation:		
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Address:Street	City	State	Zip
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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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 theNa	me opcity Agency, 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	
Name: Daylel Free	lman		() Against proposal () General comments	
Business or Organization Affiliation: _	JMBM			
Address: 1900 Ave of	2 Stars THE LA	State	90064	
Street Business phone:	Oity	laken	Zip	
	D SPEAKER AND PROVIDE CLIENT II	NFORMATION BE	LOW:	
Client Name: Mark Sud			Phone #:	
Client Address: 2716 Com		State	Zip	

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Date 3 1 1 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee or	ACIEN	o., Agenda Item, or Case No.
Name: John Greg	olic comment, or to speak for or against a proposition		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A P	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip



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Date 8/3//10		TY COUNCIL'S RULES OF UM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City A	Agency, Department, Committee	or Council	17
Do you wish to provide general p		or to speak for or against a propo	osal on the agenda	? () For proposal Against proposal General comments
Business or Organization Affiliation Address: Address: Sheet Business phone: 05364	RNET	esenting: SEF	State	91405 zip
CHECK HERE IF YOU ARE A				
Client Name:			P	hone #:
Client Address:Street		City	State	Zip



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I wish to speak before the	Name of City Agency, Department, Committee of	or Council		
Do you wish to provide general Name: KING	al public comment, or to speak for or against a propo	osal on the agenda	? () For proposal (X) Against proposal () General comments	
Business or Organization Affili	ation:			
Address: Afreet	ERST ANN VAN Ways	CA State	9405 7in	
Business phone: PABTE	7-525 Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BEL	ow:	
Client Name:		F	Phone #:	
Client Address:Street				