Date: 02/01/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (9) - 16-0580-S3

State

Zip

Do you v	wish to provide general public comment, or to speak	for or against a proposal on the agenda?	General Comment	
Name: _	ARNOLD SACHS			
Busines	s or Organization Affiliation:			
Address	::			
	Street	City	State	Zip
Busines	s Phone: Re	epresenting:		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND PROV	IDE CLIENT INFORMATION BELOW:		
Client Na	ame:		Phone#:	
Client A	ddress:			

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

City

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (9) - 16-0580-S3

Do you wish to provide general public of	comment, or to speak for or ag	ainst a proposal on the agenda?	General Comment	
Name: Juan T One				
Business or Organization Affiliation:				
Address:				
Stre	et	City	State	Zip
Business Phone:	Representir	ng:		
CHECK HERE IF YOU ARE A PAID SI	PEAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (9) - 16-0580-S3

Do you w	ish to provide general public comment, or to spe	eak for or against a proposal on the agenda? Gene	rai Comment	
Name: _	HermanU Fools			
Business	or Organization Affiliation: Trump First A	mendment		
Address:	42 U S C 1983	La Sinners		90002
	Street	City	State	Zip
Business	Phone:	Representing: ADA Title 13132		
CHECK I	HERE IF YOU ARE A PAID SPEAKER AND PR	OVIDE CLIENT INFORMATION BELOW:		
Client Na	me:		Phone#:	
Client Ac	dress:			
	Street	City	State	Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (9) - 16-0580-S3

Do you wish to pro	vide general public comment, or to speak for o	or against a proposal on the agenda?	General Comment	
Name: Seqnn				
Business or Organ	ization Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone: _	Repres	senting:		
CHECK HERE IF	YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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