YOU ARE NO	S A PUBLIC DOCUMENT SUBJECT TO POSTING ON REQUIRED TO PROVIDE PERSONAL INFORMATION E EXTENT NECESSARY FOR THE PRESIDING OFFIC	IN ORDER TO S	SPEAK,
Date 129,20/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Agenda tem, or Case No.
I wish to speak before the	PAU COMMITTEE Name of City Agency, Department, Committee or (Council	
Do you wish to provide general p Name: <u>5uzanNak</u>	ublic comment, or to speak for or against a proposa		? () For proposal () Against proposal General comments
Business or Organization Affiliation	n:		
Address: <u>9737</u> 5	hadow Island Dr. Sunlar	nd CA	91010
Business phone: <u>9/8-39/-98/9</u>			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

(n)

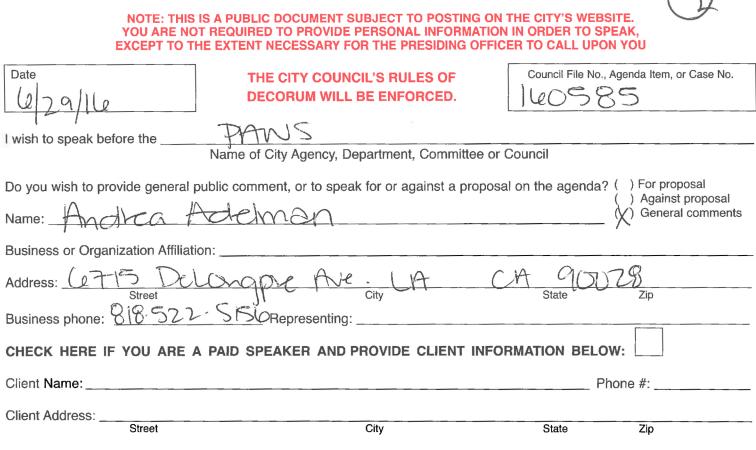
Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name:	YOU ARE NOT REQI	JBLIC DOCUMENT SUBJECT TO POSTING O UIRED TO PROVIDE PERSONAL INFORMATIO ENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO	SPEAK,	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name:	62916	DECORUM WILL BE ENFORCED.		6-0585	
Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name:	I wish to speak before the	sonnel & Animal 4	velFAR	£	
Name:	Nam	e of City Agencỳ, Départment, Committee o	r Council		
Address: P-0-Box 8924, CAL 91302 Street State Business phone: 310-998-2978 Representing:	Name: KANDi Business or Organization Affiliation:	Feilich - VOLUN Project Covote	sal on the agend	() Against proposal	
Client Name: Phone #: Client Address:	Address:	Box 8924, CAL	91302		
Client Name: Phone #: Client Address:	Business phone: 310-498-2	2975 City/	State	Zip	
Client Address:	CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
	Client Name:			Phone #:	
Sireer Oily State Zip	Client Address:	City	Stato	Zip	
	Sileer	City	Slate	Ζip	



NOTE: THIS YOU ARE NO EXCEPT TO TI	T REQUIRED TO PRO	ENT SUBJECT TO POSTING O DVIDE PERSONAL INFORMATIO ARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date (29) (G		OUNCIL'S RULES OF WILL BE ENFORCED.		, Agenda Item, or Case No. 0585
I wish to speak before the		Committee ncy, Department, Committee c	or Council	
Do you wish to provide general p Name: $\square Q \land \alpha \land S$				
Name: Dana S Business or Organization Affiliati	on: <u>Teranga</u>	Ranch + Sunla	nd Tujung	Neighborhood Commil
Address: <u>POBox 4222</u> Street Business phone: \$18305	Juniana	City	State	Zip
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			P	Phone #:
Client Address:Street		City	State	Zip



YOU ARE NOT R	A PUBLIC DOCUMENT SUBJECT TO POSTING OF EQUIRED TO PROVIDE PERSONAL INFORMATIO EXTENT NECESSARY FOR THE PRESIDING OFFI	ON IN ORDER TO SE	PEAK,	
Date (124	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda item, or Case No. 0595	
I wish to speak before the	PAWS			
Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name:				
Address: 2154	- W. SMASCH LA	State	90026 Zip	
Business phone: $227 - 117 - 112$ Representing: $227 + 227 +$				
Client Name:		P	hone #:	
Client Address:Street	City	State	Zip	



NOTE: THE	CITY OF LOS ANGELES SPEAK		(2)	
NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. 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 6 28 16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda #2 Certy	a Item, or Case No. Fee	
I wish to speak before the	PAW Committee Name of City Agency, Department, Committee	0		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments				
Address:	ion:			
Street	City Representing:		Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #	#:	
Client Address:Street	City	State 2	Zip	



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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.		
6/29	DECORUM WILL BE ENFORCED.	16-0585		
I wish to speak before the PAW Name of City Agency, Department, Committee or Council				
Do you wish to provide general	public comment, or to speak for or against a propos	al on the agenda? () For proposal		
Name: MARK STEINDERG () Against proposal				
Business or Organization Affiliation: (DO FORMAL AFFILIATION)				
Address: 2272 L/V	25 OAK DR. WEST LX.	CA 90065 State Zip		
Business phone Representing: NO FORMAL REPRESENTATION				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:Street	City	State Zip		