Date: 11/29/2016

Lwish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (41) - 16-0884

	opean sere and dearron			
Do you v	vish to provide general public comment, or to speak f	or or against a proposal on the agenda?	General Comment	
Name: _	Eric Preven			
Business	s or Organization Affiliation:			
Address	:			
	Street	City	State	Zip
Business	s Phone: Rep	presenting: The People		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND PROVID	DE CLIENT INFORMATION BELOW:		
Client Na	ame:		Phone#:	
Client Ad	ddress:			
	Street	City	State	Zip

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

Date: 11/29/2016

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (41) - 16-0884

State

Zip

Do you wish to provide general public comr	nent, or to speak for or against a pro	posal on the agenda?	General Comment	
Name: Puppet Master				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEA	KER AND PROVIDE CLIENT INFOR	RMATION BELOW:		
Client Name:			Phone#:	
Client Address:				

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

City

Date: 11/29/2016

Council File No., Agenda Item, or Case Item NO. (41) - 16-0884

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment

Name: Omar	r Pena			
Business or Orga	anization Affiliation:			
Address:	690 S Burlingon Ave	Los Angeles	CA	90057
	Street	City	State	Zip
Business Phone	: Repres	senting: Mac Arthur Park		
CHECK HERE I	F YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	Zip

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Do you wish to provide general po	ublic comment, or to speak for	or against a proposal on the agenda? Ge	neral Comment	
Name: Puppet Master				
Business or Organization Affiliation	on:			
Address:				
	Street	City	State	Zip
Business Phone:	Repre	esenting: 2nd Submissionn		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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