Date: 06/30/2017	Council File No., Agenda Item, or Case Item NO. (61) - 17-0719		
I wish to speak before the Council Do you wish to provide general public comment, or to s	speak for or against a proposal on the agenda?	General Comment	
Name: Eric Preven			
Business or Organization Affiliation:			
Address:Street	City	State	Zip
Business Phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND F	PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:Street	City	State	Zip

Council File No., Agenda Item, or Case

Date: 06/30/2017			Item NO. (61) - 17-0719	
I wish to speak before the Council				
Do you wish to provide general pub	lic comment, or to speak fo	r or against a proposal on the agenda?	General Comment	
Name: Herman Fuck You				
Business or Organization Affiliation:	Cohen V. CA			
Address:				
S	Street	City	State	Zip
Business Phone:	Repr	resenting: 42USC1983		
CHECK HERE IF YOU ARE A PAIL) SPEAKER AND PROVID	E CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 06/30/2017

Council File No., Agenda Item, or Case

			Item NO. (61) - 17-0719	
I wish to speak before the Co	ouncil			
Do you wish to provide gene	ral public comment, or to speak for o	or against a proposal on the agenda?	General Comment	
Name: Wayne From E	Encino			
Business or Organization Aff	filiation:			
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

Council File No., Agenda Item, or Case

Date: 06/30/2017			Item NO. (61) - 17-0719	
I wish to speak before the 0	Council			
Do you wish to provide ger	eral public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Antonia Ram	nirez			
Business or Organization A	ffiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	senting:		
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip