Date: 12/13/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case

Item NO. (15) - 09-0234, 09-0234-S3

State

Zip

| Do you wish to provide general public comment, or to speak for | or against a proposal on the agenda? | General Comment |     |
|--|--------------------------------------|-----------------|-----|
| Name: Orinion Opinald  |                                      |                 |     |
| Business or Organization Affiliation:                          |                                      |                 |     |
| Address:   |                                      |                 |     |
| Street   | City                                 | State           | Zip |
| Business Phone: Repre  | senting:                             |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE               | CLIENT INFORMATION BELOW:            |                 |     |
| Client Name:   |                                      | Phone#:         |     |
| Client Address:  |                                      |                 |     |

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Date: 12/13/2017

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| Do you wish to provide general public | comment, or to speak for or a | gainst a proposal on the agenda? | General Comment |              |
|---------------------------------------|-------------------------------|----------------------------------|-----------------|--------------|
| Name: Silvia Venegas                  |                               |                                  |                 |              |
| Business or Organization Affiliation: |                               |                                  |                 |              |
| Address:                              |                               |                                  |                 |              |
| Stı                                   | reet                          | City                             | State           | Zip          |
| Business Phone:                       | Represent                     | ting:                            |                 |              |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROVIDE CL        | IENT INFORMATION BELOW:          |                 |              |
| Client Name:                          |                               |                                  | Phone#:         |              |
| Client Address:                       | Street                        | City                             | State           |              |
|                                       | Sireer                        | CITV                             | Siaie           | <b>7</b> I() |

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|--|--------------------------------------|-----------------|-----|
| Name: Ruth Landaverde  |                                      |                 |     |
| Business or Organization Affiliation:                          |                                      |                 |     |
| Address:   |                                      |                 |     |
| Street   | City                                 | State           | Zip |
| Business Phone: Repre  | esenting:                            |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE               | CLIENT INFORMATION BELOW:            |                 |     |
| Client Name:   |                                      | Phone#:         |     |
| Client Address   |                                      |                 |     |

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Zip

| Do you wish to provide general public comment, or to | 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:                                      |  |                 |     |

Date: 12/13/2017

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Council File No., Agenda Item, or Case

| Do you wish to provide general publi  | c comment, or to speak for or agair | nst a proposal on the agenda? | General Comment |     |
|---------------------------------------|-------------------------------------|-------------------------------|-----------------|-----|
| Name: Blair Avery                     |                                     |                               |                 |     |
| Business or Organization Affiliation: |                                     |                               |                 |     |
| Address:                              |                                     |                               |                 |     |
| Si                                    | reet                                | City                          | State           | Zip |
| Business Phone:                       | Representing                        | :                             |                 |     |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROVIDE CLIEN           | T INFORMATION BELOW:          |                 |     |
| Client Name:                          |                                     |                               | Phone#:         |     |
| Client Address:                       |                                     |                               |                 |     |
|                                       | Street                              | City                          | State           | Zip |

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|--|--|-----------------|-----|
| 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:                                      |  |                 |     |

Date: 12/13/2017

Council File No., Agenda Item, or Case Item NO. (15) - 09-0234, 09-0234-S3

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: Wayne Da Nigga Da Encino                |                               |         |            |   |
|---|-------------------------------|---------|------------|---|
| Business or Organization Affiliation:         |                               |         |            | _ |
| Address:                                      |                               |         |            |   |
| Street  | City                          | State   | Zip        |   |
| Business Phone: Re                            | epresenting:                  |         |            | _ |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROV | IDE CLIENT INFORMATION BELOW: |         |            |   |
| Client Name:                                  |                               | Phone#: |            |   |
| Client Address:                               | 0:4                           | 01-1-   | <b>7</b> : |   |
| Street  | City                          | State   | Zip        |   |

Date: 12/13/2017

Lwish to speak before the Council

Council File No., Agenda Item, or Case

| I Wish to speak before the | Courion  |                           |         |     |  |
|----------------------------|--|---------------------------|---------|-----|--|
| Do you wish to provide ge  | you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment |                           |         |     |  |
| Name: S                    |  |                           |         |     |  |
|                            |  |                           |         |     |  |
| Address:                   |  |                           |         |     |  |
|                            | Street   | City                      | State   | Zip |  |
| Business Phone:            | Represe  | enting:                   |         |     |  |
| CHECK HERE IF YOU AI       | RE 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 p     | ublic comment, or to speak for or aga | ainst a proposal on the agenda? | General Comment |     |
|--------------------------------------|---------------------------------------|---------------------------------|-----------------|-----|
| Name: Patrick Smith                  |                                       |                                 |                 |     |
| Business or Organization Affiliation | on:                                   |                                 |                 |     |
| Address:                             |                                       |                                 |                 |     |
|                                      | Street                                | City                            | State           | Zip |
| Business Phone:                      | Representir                           | ng:                             |                 |     |
| CHECK HERE IF YOU ARE A PA           | AID SPEAKER AND PROVIDE CLIE          | NT INFORMATION BELOW:           |                 |     |
| Client Name:                         |                                       |                                 | Phone#:         |     |
| Client Address:                      |                                       |                                 |                 |     |
|                                      | Street                                | City                            | State           | Zip |

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| Do you wish to provide general public comment, or to sp | eak for or against a proposal on the agenda? ( | General Comment |     |
|---|--|-----------------|-----|
| Name: Gisele Mata                                       |  |                 |     |
| Business or Organization Affiliation:                   |  |                 |     |
| Address:  |  |                 |     |
| Street  | City   | State           | Zip |
| Business Phone:   | Representing:                                  |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PR             | OVIDE CLIENT INFORMATION BELOW:                |                 |     |
| Client Name:  |  | Phone#:         |     |
| Client Address:   |  |                 |     |

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Council File No., Agenda Item, or Case

| Do you wish to provide gen | eral public comment, or to speak for or | against a proposal on the agenda? | General Comment |     |
|----------------------------|---|-----------------------------------|-----------------|-----|
| Name: Maria Loya           |   |                                   |                 |     |
| Business or Organization A | ffiliation:                             |                                   |                 |     |
| Address:                   |   |                                   |                 |     |
|                            | Street                                  | City                              | State           | Zip |
| Business Phone:            | Represe                                 | enting:                           |                 |     |
| CHECK HERE IF YOU ARE      | E A PAID SPEAKER AND PROVIDE C          | LIENT INFORMATION BELOW:          |                 |     |
| Client Name:               |   |                                   | Phone#:         |     |
| Client Address:            |   |                                   |                 |     |
|                            | Street                                  | City                              | State           | Zip |

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Council File No., Agenda Item, or Case

| Do you wish to provide general public com | ment, or to speak for or against | a proposal on the agenda? | General Comment |     |
|---|----------------------------------|---------------------------|-----------------|-----|
| Name: Markeezy A Foo                      |                                  |                           |                 |     |
| Business or Organization Affiliation:     |                                  |                           |                 | _   |
| Address:                                  |                                  |                           |                 |     |
| Street                                    |                                  | City                      | State           | Zip |
| Business Phone:                           | Representing:                    |                           |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEA         | KER AND PROVIDE CLIENT II        | NFORMATION BELOW:         |                 |     |
| Client Name:                              |                                  |                           | Phone#:         |     |
| Client Address:                           |                                  |                           |                 |     |
| Stre                                      | et                               | City                      | State           | Zip |

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| Do you wish to provide general public comment | t, or to speak for or against a proposal on the agend | la? General Comment |     |
|---|---|---------------------|-----|
| Name: Lydia Ponce                             |   |                     |     |
| Business or Organization Affiliation:         |   |                     |     |
| Address:                                      |   |                     |     |
| Street  | City  | State               | Zip |
| Business Phone:                               | Representing:   |                     |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER          | R AND PROVIDE CLIENT INFORMATION BELOW:               |                     |     |
| Client Name:                                  |   | Phone#:             |     |
| Client Address:                               |   |                     |     |

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| Do you wish to provide general public comm | nent, or to speak for or against a p | oroposal on the agenda? | General Comment |     |
|--|--------------------------------------|-------------------------|-----------------|-----|
| Name: Tamara Kase                          |                                      |                         |                 |     |
| Business or Organization Affiliation:      |                                      |                         |                 |     |
| Address:                                   |                                      |                         |                 |     |
| Street                                     |                                      | City                    | State           | Zip |
| Business Phone:                            | Representing:                        |                         |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAK         | KER AND PROVIDE CLIENT INF           | ORMATION BELOW:         |                 |     |
| Client Name:                               |                                      |                         | Phone#:         |     |
| Client Address:                            |                                      |                         |                 |     |

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| Do you wish to provide genera   | al public comment, or to speak for or | against a proposal on the agenda? | For Proposal |     |
|---------------------------------|---------------------------------------|-----------------------------------|--------------|-----|
| Name: Melissa Michels           | son                                   |                                   |              |     |
| Business or Organization Affili | iation:                               |                                   |              |     |
| Address:                        |                                       |                                   |              |     |
|                                 | Street                                | City                              | State        | Zip |
| Business Phone:                 | Represe                               | enting:                           |              |     |
| CHECK HERE IF YOU ARE A         | A PAID SPEAKER AND PROVIDE C          | LIENT INFORMATION BELOW:          |              |     |
| Client Name:                    |                                       |                                   | Phone#:      |     |
| Client Address:                 |                                       |                                   |              |     |
|                                 | Street                                | City                              | State        | Zip |

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| Do you wish to provide general publ   | ic comment, or to speak for or against a | proposal on the agenda? | For Proposal |     |
|---------------------------------------|--|-------------------------|--------------|-----|
| Name: Trinity Tran                    |  |                         |              |     |
| Business or Organization Affiliation: |  |                         |              |     |
| Address:                              |  |                         |              |     |
| S                                     | treet                                    | City                    | State        | Zip |
| Business Phone:                       | Representing:                            |                         |              |     |
| CHECK HERE IF YOU ARE A PAID          | SPEAKER AND PROVIDE CLIENT IN            | FORMATION BELOW:        |              |     |
| Client Name:                          |  |                         | Phone#:      |     |
| Client Address:                       |  |                         |              |     |
|                                       | Street                                   | City                    | State        | Zip |

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| Do you wish to provide gene  | ral public comment, or to speak for or | against a proposal on the agenda? | General Comment |     |
|------------------------------|--|-----------------------------------|-----------------|-----|
| Name: Lara Larramen          | ndi                                    |                                   |                 |     |
| Business or Organization Aff | iliation: LA County BizFed             |                                   |                 |     |
| Address:                     |  |                                   |                 |     |
|                              | Street                                 | City                              | State           | Zip |
| Business Phone:              | Represe                                | enting:                           |                 |     |
| CHECK HERE IF YOU ARE        | A PAID SPEAKER AND PROVIDE C           | LIENT INFORMATION BELOW:          |                 |     |
| Client Name:                 |  |                                   | Phone#:         |     |
| Client Address:              |  |                                   |                 |     |
|                              | Street                                 | City                              | State           | Zip |

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| Do you wish to provide general public comment | t, or to speak for or against a p | roposal on the agenda? | General Comment |     |
|---|-----------------------------------|------------------------|-----------------|-----|
| Name: Wayne From Encino Fuck Yo               | ou                                |                        |                 |     |
| Business or Organization Affiliation:         |                                   |                        |                 |     |
| Address:                                      |                                   |                        |                 |     |
| Street  |                                   | City                   | State           | Zip |
| Business Phone:                               | Representing:                     |                        |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER          | R AND PROVIDE CLIENT INFO         | ORMATION BELOW:        |                 |     |
| Client Name:                                  |                                   |                        | Phone#:         |     |
| Client Address:                               |                                   |                        |                 |     |

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