Date: 01/31/2017

Council File No., Agenda Item, or Case

| •                 | erore the Councii<br>rovide general public comment, or to speak for o | or against a proposal on the agenda? | Congral Commont |     |
|-------------------|---|--------------------------------------|-----------------|-----|
| Do you wish to pi | rovide general public comment, or to speak for o                      | against a proposal on the agenda?    | ienerai Comment |     |
| Name: Don V       | Vasson  |                                      |                 |     |
| Business or Orga  | anization Affiliation:  |                                      |                 |     |
| Address:          | 1601 N Sierra Bonita  | Los Angeles                          | Ca              |     |
|                   | Street  | City                                 | State           | Zip |
| Business Phone:   | Repres  | enting:                              |                 |     |
| CHECK HERE IF     | YOU ARE A PAID SPEAKER AND PROVIDE                                    | CLIENT INFORMATION BELOW:            |                 |     |
| Client Name:      |   |                                      | Phone#:         |     |
| Client Address:   |   |                                      |                 |     |
|                   | Street  | City                                 | State           | 7in |

Date: 01/31/2017

Client Address:

Street

I wish to speak before the Council

Council File No., Agenda Item, or Case

State

Item NO. (14) - 16-0217

Zip

| Do you w  | vish to provide general public comment, or to speak | for or against a proposal on the agenda? G | eneral Comment |       |
|-----------|---|--|----------------|-------|
| Name: _   | Pamela Bothwell                                     |  |                |       |
| Business  | or Organization Affiliation:                        |  |                |       |
| Address:  | 1522 N.Fairfax                                      | Los Angeles                                | Ca             | 90046 |
|           | Street  | City                                       | State          | Zip   |
| Business  | s Phone: Re   | epresenting:                               |                |       |
| CHECK I   | HERE IF YOU ARE A PAID SPEAKER AND PROV             | IDE CLIENT INFORMATION BELOW:              |                |       |
| Client Na | ame:  |  | Phone#:        |       |

City

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| Do you wish to  | provide general public comment, or to | o speak for or against a proposal on the agenda? | For Proposal |       |
|-----------------|---------------------------------------|--|--------------|-------|
| Name: Mich      | ael Konik                             |  |              |       |
| Business or Org | ganization Affiliation:               |  |              |       |
| Address:        | 1613 N. Vista                         | Los Angeles                                      | CA           | 90046 |
|                 | Street                                | City   | State        | Zip   |
| Business Phone  | e: 3238500585                         | Representing: Self                               |              |       |
| CHECK HERE      | IF YOU ARE A PAID SPEAKER AND         | PROVIDE CLIENT INFORMATION BELOW:                |              |       |
| Client Name: _  |                                       |  | Phone#:      |       |
| Client Address: |                                       |  |              |       |
|                 | Street                                | City   | State        | Zip   |

Date: 01/31/2017

Lwish to speak before the Council

Council File No., Agenda Item, or Case

| •                | rovide general public comment, or to s | peak for or against a proposal on the agenda? Ge | eneral Comment |       |
|------------------|--|--|----------------|-------|
| Name: Wend       | ly                                     |  |                |       |
| Business or Orga | anization Affiliation:                 |  |                |       |
| Address:         | 1515 No Ogden Dr                       | Los Angeles                                      | Ca             | 90046 |
|                  | Street                                 | City   | State          | Zip   |
| Business Phone:  | 2133613503                             | Representing: Sunset Square                      |                |       |
| CHECK HERE IF    | YOU ARE A PAID SPEAKER AND P           | ROVIDE CLIENT INFORMATION BELOW:                 |                |       |
| Client Name:     |  |  | Phone#:        |       |
| Client Address:  |  |  |                |       |
|                  | Street                                 | City   | State          | Zip   |

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| Do you wish to pr | ovide general public comment, or to | speak for or against a proposal on the agenda? | ? For Proposal |       |
|-------------------|-------------------------------------|--|----------------|-------|
| Name: Marylo      | ew Siewert                          |  |                |       |
| Business or Orga  | anization Affiliation:              |  |                |       |
| Address:          | 1534 Fairfax Ave                    | Los Angeles                                    | Ca             | 90046 |
|                   | Street                              | City   | State          | Zip   |
| Business Phone:   | 3109169407                          | Representing: Self                             |                |       |
| CHECK HERE IF     | YOU ARE A PAID SPEAKER AND          | PROVIDE CLIENT INFORMATION BELOW:              |                |       |
| Client Name:      |                                     |  | Phone#:        |       |
| Client Address:   |                                     |  |                |       |
|                   | Street                              | City   | State          | Zip   |

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

|                                      | our consideration of the property of the original of the origi | General Comment   |   |
|--------------------------------------|--|---|---|
| Cheryl Holland                       |  |   |   |
| or Organization Affiliation:         |  |   |   |
|                                      |  |   | 90046   |
| Street                               | City   | State   | Zip   |
| Phone:                               | Representing: Sunset Square  |   |   |
| ERE IF YOU ARE A PAID SPEAKER AND PF | ROVIDE CLIENT INFORMATION BELOW:   |   |   |
| ne:                                  |  | Phone#:   |   |
| ress:                                | City   | State   | Zip   |
|                                      | Street  Phone:  ERE IF YOU ARE A PAID SPEAKER AND PROPERTED TO SERVICE AND PROPERTED TO SE       | Street City  Phone: Representing: Sunset Square  ERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Decide: | Street City State  Phone: Representing: Sunset Square  ERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Phone#: Phone#: |

Date: 01/31/2017

Council File No., Agenda Item, or Case

| I wish to spea | ak 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: Jul      | lia Mason  |                                      |                 |       |
| Business or 0  | Organization Affiliation:                          |                                      |                 |       |
| Address:       | 7561 Hawthorn                                      |                                      |                 | 90046 |
|                | Street   | City                                 | State           | Zip   |
| Business Pho   | one: Repre   | senting:                             |                 |       |
| CHECK HER      | RE IF YOU ARE A PAID SPEAKER AND PROVIDE           | CLIENT INFORMATION BELOW:            |                 |       |
| Client Name:   | :  |                                      | Phone#:         |       |
| Client Addres  | SS:Street  | City                                 | State           | Zin   |

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| Do you wish to p | rovide general public comment, or to speak for | or against a proposal on the agenda? | General Comment |        |
|------------------|--|--------------------------------------|-----------------|--------|
| Name: Chari      | s Tobias                                       |                                      |                 |        |
| Business or Orga | anization Affiliation:                         |                                      |                 |        |
| Address:         | 1534 N Fairfax Ave                             | Los Angeles                          | CA              | -90046 |
|                  | Street   | City                                 | State           | Zip    |

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: \_\_\_\_\_

Phone#:

Client Address:

Street

Business Phone:

City

Representing:

State

Zip

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

| Do you wish to p | rovide general public comment, or to speak for o | or against a proposal on the agenda? G | eneral Comment |       |
|------------------|--|--|----------------|-------|
| Name: Trevo      | r Jones  |  |                |       |
| Business or Orga | anization Affiliation:                           |  |                |       |
| Address:         | 1534 N Fairfax Ave                               | Los Angeles                            | Ca             | 90046 |
|                  | 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   |

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

| Do you wish  | n to provide general public comment, or to | speak for or against a proposal on the | e agenda? General Comment |       |
|--------------|--|--|---------------------------|-------|
| Name: B      | en Teller                                  |  |                           |       |
| Business or  | Organization Affiliation:                  |  |                           |       |
| Address:     | 1616n Stanley Av                           | La                                     | Ca                        | 90046 |
|              | Street                                     | City                                   | State                     | Zip   |
| Business Ph  | none: 323 445 1662                         | Representing: Self                     |                           |       |
| CHECK HE     | RE IF YOU ARE A PAID SPEAKER AND           | PROVIDE CLIENT INFORMATION B           | BELOW:                    |       |
| Client Name  | <b>9</b> :                                 |  | Phone#:                   |       |
| Client Addre | ess:Street                                 | City                                   | State                     | 7in   |

Date: 01/31/2017

I wish to speak before the Council

Client Address:

Client Name:

Street

Council File No., Agenda Item, or Case

Phone#:

State

Item NO. (14) - 16-0217

Zip

| Do you wish to provide general public comment, or to | speak for or against a proposal on the agenda? | General Comment |              |
|--|--|-----------------|--------------|
| Name: Neal Avron                                     |  |                 |              |
| Business or Organization Affiliation:                |  |                 |              |
| Address:Street                                       | City   | State           | 90046<br>Zip |
| Business Phone:                                      | Representing:                                  |                 |              |
| CHECK HEDE IE AUT ABE V DVID SDEVKED VVID            |  |                 |              |

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

City

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| Do you wish to provide general public   | comment, or to speak for or agair | nst a proposal on the agenda? | General Comment |       |
|---|-----------------------------------|-------------------------------|-----------------|-------|
| Name: Amy B Harris                      |                                   |                               |                 |       |
| Business or Organization Affiliation: _ |                                   |                               |                 |       |
| Address:                                |                                   |                               |                 | 90046 |
| Stro                                    | eet                               | City                          | State           | Zip   |
| Business Phone:                         | Representing                      | :                             |                 |       |
| CHECK HERE IF YOU ARE A PAID S          | SPEAKER AND PROVIDE CLIEN         | T INFORMATION BELOW:          |                 |       |
| Client Name:                            |                                   |                               | Phone#:         |       |
| Client Address:                         |                                   |                               |                 |       |
|   | Street                            | City                          | State           | Zip   |

Date: 01/31/2017

I wish to speak before the Council

Client Address:

Council File No., Agenda Item, or Case

Phone#:

Zip

State

Item NO. (14) - 16-0217

| Do you wish to provide general public comment, or to | speak for or against a proposal on the agend | a? General Comment |       |
|--|--|--------------------|-------|
| Name: Jason Reilly                                   |  |                    |       |
| Business or Organization Affiliation:                |  |                    |       |
| Address:   |  |                    | 90046 |
| Street   | City   | State              | Zip   |
| Business Phone:                                      | Representing:                                |                    |       |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND             | PROVIDE CLIENT INFORMATION BELOW:            |                    |       |

Client Name:

Street

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City

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| Do you v  | wish to provide general public comment, or to speak fo | or or against a proposal on the agenda? | General Comment |       |
|-----------|--|---|-----------------|-------|
| Name: _   | Rob Word   |   |                 |       |
| Busines   | s or Organization Affiliation:                         |   |                 |       |
| Address   | :  |   |                 | 90046 |
|           | Street   | City                                    | State           | Zip   |
| Busines   | s Phone: Rep   | resenting:                              |                 |       |
| CHECK     | HERE IF YOU ARE A PAID SPEAKER AND PROVID              | E CLIENT INFORMATION BELOW:             |                 |       |
| Client Na | ame:   |   | Phone#:         |       |
| Client A  | ddress:  |   |                 |       |
|           | Street   | City                                    | State           | Zip   |

Date: 01/31/2017

Council File No., Agenda Item, or Case

State

Item NO. (14) - 16-0217

Zip

| 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: Joanne Steuer                                  |  |                 |     |
| Business or Organization Affiliation:                |  |                 |     |
| Address:   |  |                 |     |
| Street   | City   | State           | Zip |
| Business Phone:                                      | Representing: SelfX                            |                 |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND             | PROVIDE CLIENT INFORMATION BELOW:              |                 |     |
| Client Name:   |  | Phone#:         |     |
| Client Address:                                      |  |                 |     |

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City

Street

Date: 01/31/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case

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Zip

State

| Do you             | wish to provide general public comment, o | r to speak for or against a pi | roposal on the agenda? | General Comment |       |
|--------------------|---|--------------------------------|------------------------|-----------------|-------|
| Name: <sub>-</sub> | Bob Mott                                  |                                |                        |                 | _     |
| Busines            | s or Organization Affiliation:            |                                |                        |                 |       |
| Address            | S:  |                                |                        |                 | 90046 |
|                    | Street                                    |                                | City                   | State           | Zip   |
| Busines            | ss Phone:                                 | Representing:                  |                        |                 |       |
| CHECK              | HERE IF YOU ARE A PAID SPEAKER A          | ND PROVIDE CLIENT INFO         | DRMATION BELOW:        |                 |       |
| Client N           | lame:                                     |                                |                        | Phone#:         |       |
| Client A           | ddress:                                   |                                |                        |                 |       |

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City

Date: 01/31/2017

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| wish to speak before the Council                               |   |             |     |
|--|---|-------------|-----|
| Do you wish to provide general public comment, or to speak for | or or against a proposal on the agenda? F | or Proposal |     |
| Name: Tamara Bergman   |   |             |     |
| Business or Organization Affiliation: Sunset Sq Hpoz           |   |             |     |
| Address:   |   |             |     |
| Street   | City                                      | State       | Zip |
| Business Phone: Rep  | resenting: Support Sunset Sq              |             |     |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVID                | E CLIENT INFORMATION BELOW:               |             |     |
| Client Name:   |   | Phone#:     |     |
| Client Address:  |   | _           | _   |
| Street   | City                                      | State       | 7in |

Date: 01/31/2017

Council File No., Agenda Item, or Case

| I wish to speak before the Council   |                                 |                                   |             |     |
|--------------------------------------|---------------------------------|-----------------------------------|-------------|-----|
| Do you wish to provide general pub   | lic comment, or to speak for or | against a proposal on the agenda? | or Proposal |     |
| Name: Rebecca Arce                   |                                 |                                   |             |     |
| Business or Organization Affiliation | :                               |                                   |             |     |
| Address:                             |                                 |                                   |             |     |
|                                      | Street                          | City                              | State       | Zip |
| Business Phone:                      | Represe                         | enting: Support Sunset Sq         |             |     |
| CHECK HERE IF YOU ARE A PAII         | O SPEAKER AND PROVIDE C         | CLIENT INFORMATION BELOW:         |             |     |
| Client Name:                         |                                 |                                   | Phone#:     |     |
| Client Address:                      |                                 |                                   |             |     |
|                                      | Street                          | City                              | State       | Zip |

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (14) - 16-0217

| Do you wish  | to provide general public comment, or to speak for or a | gainst a proposal on the agenda? G | General Comment |       |
|--------------|---|------------------------------------|-----------------|-------|
| Name: R      | OB MCCONNELL  |                                    |                 |       |
| Business or  | Organization Affiliation:                               |                                    |                 |       |
| Address:     | 1616 N ORANGE GROVE AVE                                 | Los Angeles                        | CA              | 90046 |
|              | Street  | City                               | State           | Zip   |
| Business Ph  | none: Represent   | ing:                               |                 |       |
| CHECK HE     | RE IF YOU ARE A PAID SPEAKER AND PROVIDE CLI            | ENT INFORMATION BELOW:             |                 |       |
| Client Name  | o:  |                                    | Phone#:         |       |
| Client Addre | ess:  |                                    |                 |       |
|              | Street  | City                               | State           | Zip   |

Date: 01/31/2017

Council File No., Agenda Item, or Case

| wish to speak bet  |  | _  |                |       |
|--------------------|--|--|----------------|-------|
| Do you wish to pro | ovide general public comment, or to speak fo | r or against a proposal on the agenda? G | eneral Comment |       |
| Name: F Britt      |  |  |                |       |
| Name. 1 Ditt       |  |  |                |       |
| Business or Organ  | ization Affiliation:                         |  |                |       |
| Address:           | 1616N Stanley                                | Los Angeles                              | CA             | 90046 |
|                    | Street                                       | City                                     | State          | Zip   |
| Business Phone: _  | Repr   | resenting: Self                          |                |       |
| CHECK HERE IF      | YOU ARE A PAID SPEAKER AND PROVID            | E CLIENT INFORMATION BELOW:              |                |       |
| Client Name:       |  |  | Phone#:        |       |
| Client Address: _  |  |  |                |       |
|                    | Street                                       | Citv                                     | State          | Zip   |

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I wish to speak before the Council

Council File No., Agenda Item, or Case

| Do you wish to | provide general public comment, or to speak for or | against a proposal on the agenda? G | eneral Comment |       |
|----------------|--|-------------------------------------|----------------|-------|
| Name: Hals     | sted Sullivan                                      |                                     |                |       |
| Business or O  | rganization Affiliation:                           |                                     |                |       |
| Address:       | 1541 N Sierra Bonita Ave                           | Los Angeles                         | CA             | 90046 |
|                | Street   | City                                | State          | Zip   |
| Business Phor  | ne: Represe  | nting: Self                         |                |       |
| CHECK HERE     | E IF YOU ARE A PAID SPEAKER AND PROVIDE C          | LIENT INFORMATION BELOW:            |                |       |
| Client Name:   |  |                                     | Phone#:        | _     |
| Client Address | Street   | City                                | State          | - Zin |
|                | 21/661   | UIIV                                | Siale          | Z I() |

Date: 01/31/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

| Do you wish to pr | ovide general public comment, or to sp | eak for or against a proposal on the agenda? Ge | eneral Comment |         |
|-------------------|--|---|----------------|---------|
| Name: Tom S       | Struckhoff                             |   |                |         |
| Business or Orga  | nization Affiliation: Keller William   | s Realty  |                |         |
| Address:          | 439 N Canon Drive                      | Beverly Hills                                   | CA             | 90210   |
|                   | Street                                 | City  | State          | Zip     |
| Business Phone:   | 3107291096                             | Representing: Arto Saari                        |                |         |
| CHECK HERE IF     | YOU ARE A PAID SPEAKER AND PR          | ROVIDE CLIENT INFORMATION BELOW:                |                |         |
| Client Name:      |  |   | Phone#:        |         |
| Client Address:   |  |   | -              | <u></u> |
|                   | Street                                 | City  | State          | Zip     |

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| Do you wish to pr | rovide general public comment, or to speal | c for or against a proposal on the agenda? For | Proposal |       |
|-------------------|--|--|----------|-------|
| Name: Ted V       | Veiant                                     |  |          |       |
| Business or Orga  | nization Affiliation:                      |  |          |       |
| Address:          | 1528 North Curson Avenue                   | Los Angeles                                    | CA       | 90046 |
|                   | Street                                     | City   | State    | Zip   |
| Business Phone:   | 3233605318 R                               | epresenting:                                   |          |       |
| CHECK HERE IF     | YOU ARE A PAID SPEAKER AND PROV            | /IDE CLIENT INFORMATION BELOW:                 |          |       |
| Client Name:      |  |  | Phone#:  |       |
| Client Address:   |  |  |          |       |
|                   | Street                                     | City   | State    | Zip   |