| Date: 05/17/2017             |                                      |                                      | Council File No., Agenda Item, or Cas |               |
|------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|---------------|
| Dato: 00/11/2011             |                                      |                                      | Item NO. (                            | 19) - 17-0529 |
| I wish to speak before the C | Council                              |                                      |                                       |               |
| Do you wish to provide gen   | eral public comment, or to speak for | or against a proposal on the agenda? | General Comment                       |               |
| Name: Sean                   |                                      |                                      |                                       |               |
| Business or Organization A   | ffiliation:                          |                                      |                                       |               |
| Address:                     |                                      |                                      | -                                     |               |
|                              | Street                               | City                                 | State                                 | Zip           |
| Business Phone:              | Repre                                | senting:                             |                                       |               |
| CHECK HERE IF YOU ARE        | E A PAID SPEAKER AND PROVIDE         | CLIENT INFORMATION BELOW:            |                                       |               |
| Client Name:                 |                                      |                                      | Phone#:                               |               |
| Client Address:              |                                      |                                      |                                       |               |
|                              | Street                               | City                                 | State                                 | Zip           |

Date: 05/17/2017

Council File No., Agenda Item, or Case

|   |   | Item NO.        | (19) - 17-0529 |
|---|---|-----------------|----------------|
| I wish to speak before the Council          | t, or to speak for or against a proposal on the agenda? | General Comment |                |
| Do you wan to provide general public commen | , or to speak for or against a proposal on the agenda:  | Ceneral Comment |                |
| Name: Ms. Jane Englander                    |   |                 |                |
| Business or Organization Affiliation: Bitch |   |                 |                |
| Address:                                    |   |                 |                |
| Street                                      | City  | State           | Zip            |
| Business Phone:                             | Representing: Pimps Of LA                               |                 |                |
| CHECK HERE IF YOU ARE A PAID SPEAKER        | AND PROVIDE CLIENT INFORMATION BELOW:                   |                 |                |
| Client Name:                                |   | Phone#:         |                |
| Client Address:                             |   |                 |                |
| Street                                      | City  | State           | Zip            |

| Date: 05/17/2017           |   |                                      | Council File No., Agenda Item, or Case |                |
|----------------------------|---|--------------------------------------|--|----------------|
|                            |   |                                      | Item NO. (                             | (19) - 17-0529 |
| I wish to speak before the | he Council                              |                                      |  |                |
| Do you wish to provide     | general public comment, or to speak for | or against a proposal on the agenda? | General Comment                        |                |
| Name: Walsh                |   |                                      |  |                |
| Business or Organizatio    | on Affiliation:                         |                                      |  |                |
| Address:                   |   |                                      |  |                |
|                            | Street                                  | City                                 | State                                  | Zip            |
| Business Phone:            | Repro                                   | esenting:                            |  |                |
| CHECK HERE IF YOU          | ARE A PAID SPEAKER AND PROVIDE          | E CLIENT INFORMATION BELOW:          |  |                |
| Client Name:               |   |                                      | Phone#:                                |                |
| Client Address:            |   |                                      |  |                |
|                            | Street                                  | City                                 | State                                  | Zip            |

Date: 05/17/2017

Council File No., Agenda Item, or Case

| Zip |
|-----|
|     |
|     |
|     |
| Zip |
| -   |

Date: 05/17/2017

Council File No., Agenda Item, or Case

|   |                              |  | Item NO.      | (19) - 17-0529 |
|---|------------------------------|--|---------------|----------------|
| I wish to speak before the C<br>Do you wish to provide gene |                              | or against a proposal on the agenda? Ger | neral Comment |                |
| Name: Fuck You Per  | opa Pig                      |  |               |                |
| Business or Organization A                                  | ffiliation:                  |  |               |                |
| Address:  | Street                       | City                                     | State         | Zip            |
| Business Phone:   | Repre                        | esenting:                                |               |                |
| CHECK HERE IF YOU ARE                                       | E A PAID SPEAKER AND PROVIDE | CLIENT INFORMATION BELOW:                |               |                |
| Client Name:  |                              |  | Phone#:       |                |
| Client Address:   | Street                       | City                                     | State         | Zip            |