Date: 06/07/2017			Council File No., Agenda Item, or Case		
246.00,01,2011			Item NO. (25) - 17-0537	
I wish to speak before the	Council				
Do you wish to provide ge	neral public comment, or to speak for	r or against a proposal on the agenda?	General Comment		
Name: Ssen					
Address:					
	Street	City	State	Zip	
Business Phone:	Repr	esenting:			
CHECK HERE IF YOU AF	RE A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

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

Date: 06/07/2017

Council File No., Agenda Item, or Case

State

Item NO. (25) - 17-0537

Zip

-	pefore the Council provide general public comment, or to speak f	or or against a proposal on the agenda? A	gainst Proposal	
Name: Ben F	Reznik			
Business or Org	anization Affiliation: Jmbm			
Address:	1900 Ave Of The Stars	Los Angeles	Ca	90067
	Street	City	State	Zip
Business Phone	: <u>310203572</u> Rep	presenting: Crimson		
CHECK HERE I	F YOU ARE A PAID SPEAKER AND PROVI	DE CLIENT INFORMATION BELOW: X		
Client Name: _C	Crimson		Phone#:310	04050905
Client Address:	12575 Venice Blvd	Los Angeles	Са	90066

Street

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

City

Date: 06/07/2017

Council File No., Agenda Item, or Case

			Item NO.	(25) - 17-0537
I wish to speak before the Co	uncil			
Do you wish to provide gener	al public comment, or to speak for o	or against a proposal on the agenda? Gen	eral Comment	
Name: Fuck You Hern	nan			
Business or Organization Affi	liation: 666666666669			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	senting: Black Sabbath		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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Date: 06/07/2017

Council File No., Agenda Item, or Case

			Item NO.	(25) - 17-0537
I wish to speak before the Council				
Do you wish to provide general publ	c comment, or to speak for or a	gainst a proposal on the agenda?	General Comment	
Name: Wayne From Encino)			
Business or Organization Affiliation:				
Address:				
S	treet	City	State	Zip
Business Phone:	Represen	ting:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CL	IENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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