Date: 06/21/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (18) - 17-0635

Do you wis	sh to provide general public comment, or to s	speak for or against a proposal on the agenda? Genel	rai Comment	
Name: C	Corinne Sanchez			
Business o	or Organization Affiliation: El Proyecto	Del Barrio, Inc.		
Address: _	8902 Woodman Ave.	Arleta	Ca	91331
	Street	City	State	Zip
Business P	Phone: 8188307133	Representing: El Proyecto Youth Center		
CHECK HE	ERE IF YOU ARE A PAID SPEAKER AND F	PROVIDE CLIENT INFORMATION BELOW:		
Client Nam	ne:		Phone#:	
Client Addı	ress:			
	Street	City	State	Zip

Date: 06/21/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (18) - 17-0635

Do you wi	sn to provide general public comment, or to sp	beak for or against a proposal on the agenda? Genera	ai Comment	
Name: _	Haimanot Fekadu			
Business	or Organization Affiliation: El Prroyecto I	Del Barrio Inc		
Address: _	20800 Sherman Way	Winnetka	Ca	91306
	Street	City	State	Zip
Business	Phone: 8187710184	Representing: South Valley Youth Center		
CHECK H	IERE IF YOU ARE A PAID SPEAKER AND PI	ROVIDE CLIENT INFORMATION BELOW:		
Client Nar	me:		Phone#:	
Client Add	dress:			
	Street	City	State	Zip

Date: 06/21/2017

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Council File No., Agenda Item, or Case Item NO. (18) - 17-0635

Do you	wish to provide general public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: _	Eric Preven			_
Busines	s or Organization Affiliation:			
Address	S:			
	Street	City	State	Zip
Busines	ss Phone: Repre	esenting:		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client N	lame:		Phone#:	
Client A	ddress:			
	Street	City	State	Zip

Date: 06/21/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (18) - 17-0635

Do you wish to provide general public	comment, or to speak for or ag	gainst a proposal on the agenda?	General Comment	
Name: Robert Gutierrez				
Business or Organization Affiliation: _				
Address:				
Stre	et	City	State	Zip
Business Phone:	Represent	ting:		
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLI	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip