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	CITY OF LOS AI	NGELES SPEAK	ER CARD	DOBIIC Herring Closed
Date 1-27-09		NCIL'S RULES OF L BE ENFORCED.	Council File No	, Agenda Item, or Case No. -0923
I wish to speak before the		·UM		
	Name of City Agency,	Department, Committee	e or Council	
Do you wish to provide general	public comment, or to sp	eak for or against a pro	posal on the agenda	
Name: Brenna	n Thicke			 Against proposal General comments
Business or Organization Affiliat				
Address: <u>460 Lin c</u>	oln Blud	Venice	CA	90291
Business phone: 310 399		2		•
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT IN	IFORMATION BELC	ow:
Client Name:			F	Phone #:
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Please see reverse of card t	for important information	and submit this entire c	ard to the presiding	officer or chairperson.
	NOTE: THIS I	S A PUBLIC DOCUM	ENT.	

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CITY OF LOS ANGELES SPEAKER CARD Go Submitted for pices
Date 1/27/09 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. Medical Camabis
wish to speak before the
o you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal ame: <u>Aaginst proposal</u> () General comments usiness or Organization Affiliation: <u>UFIZEM</u>
ddress: <u>11449 KING Sland St US Angeles 0490066</u> Street usiness phone: <u>306942523</u> Representing:
HECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
lient Name: Phone #:
lient Address:
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.
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	CITY OF LOS A	NGELES SPE	AKER CARD	DUBIC HEARING CLOSER CLOSEd For record
Date 1/27/09		UNCIL'S RULES OF ILL BE ENFORCED.		File No., Agenda Item, or Case No.
I wish to speak before the	Planne and Name of City Agency	Land Use 1 7, Department, Comm	Manape Me AL. hittee of Council	Cemmet tee
Do you wish to provide general	public comment, or to s	peak for or against a	proposal on the a	
Name: David Sto	anley			() Against proposal
Business or Organization Affilia	tion: <u>None</u>			
Address:Street	Spag #308	Los Andos City	State	90014 Zip
Business phone:	Represent	ng:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AN	D PROVIDE CLIEN	INFORMATION	BELOW:
Client Name:				Phone #:
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	CITY OF LOS ANGELES SPEAKER	CARD Submilled for the perm
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
1-27.09	DECORUM WILL BE ENFORCED.	Medical Marijuana
I wish to speak before the $__\!$	Name of City Agency, Department, Committee or	ent
	Name of City Agency, Department, Committee or	Council
Do you wish to provide general p	public comment, or to speak for or against a proposa	
Name: Sarah Lo	Vening	() Against proposal () General comments
Business or Organization Affiliati	on: Marjuang Policy Proj.	ect (MPP)
	St. # 208 Los Angeles	
	-2639 Representing: MPP	
	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:		Phone #:
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Please see reverse of card fe	or important information and submit this entire card	to the presiding officer or chairperson.
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POBLIC Hearly Closed. CITY OF LOS ANGELES SPEAKER CARD Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF 1/17/09 08-0923 DECORUM WILL BE ENFORCED. PIUM I wish to speak before the Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal X) Against proposal Name: DALE CLARE General comments Business or Organization Affiliation: MCA, MCSC Address: 630 MASSELIN AVE #303 Los AUBELES CA <u>40036</u> Zip Business phone: <u>949 676 5452</u> Representing: <u>MCA</u>, <u>MCSC</u> CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #: Client Name: Client Address: City Street State Zip Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 08 -

I wish to speak before the

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to spea	k for or against a proposal on t		
Name: J-FF Jones			Against proposal General comments
Business or Organization Affiliation: Patrent	ID Center		
Address: 470 5 San Vicente Blu	1 LA, CA 900	048 State	Zip
Business phone: $(323)852-1039$ Representing:			~
CHECK HERE IF YOU ARE A PAID SPEAKER AND F	ROVIDE CLIENT INFORMAT	ION BELOW:	
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Date 1-27-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.Council File No., Age 08-09.		lo., Agenda Item, or Case No. D923		
I wish to speak before the					
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agend	a? 🗙 For proposal		
Name: Elizabeth			() Against proposal		
Business or Organization Affiliat	ion:				
Address: 903 S	- Sycamore Ave Los Angele	s CA	90036		
Business phone:	Representing: Self		· · · · · · · · · · · · · · · · · · ·		
	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	.ow:		
Client Name:			Phone #:		
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Date 1-77-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.		
I wish to speak before the <u>City Munual PLUM Commutate</u> Name of City Agency, Department, Committee or Council					
Do you wish to provide general Name:	public comment, or to speak for or against a propose $\mathcal{Y}_{\mathcal{U}\mathcal{W}}\mathcal{FF}\mathcal{A}$	_	?()For proposal ()Against proposal (General comments		
<i>•</i> • •	ion: EAGLE Auch NEIGHBOR		wit		
Address:Street	City Representing: <u>ERWC</u>	State	Zip		
	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	W:		
Client Name:		P	hone #:		
Client Address:Street	City	State	Zip		
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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 5 - 0872 5 - 0872 - 5 - 1		
		08-0923		
I wish to speak before the	P. L. U. M Name of City Agency, Department, Committe	e or Council		
Do you wish to provide general (public comment, or to speak for or against a pro			
Name: Matthew	Abrams	() Against proposal () General comments		
	ion: Metel Mesiguen			
Address:Streat	S. Robertson #104 1	-4 C -4 C -35		
Business phone: 310-749-16	00 Representing: <u>Creenes</u>	Pastures Collective		
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 2707	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	UM Connite		
Nam	e of City Agency, Department, Committee or	Jouncii	
	omment, or to speak for or against a proposa	l on the agenda?	 Against proposal
Name:	MILLE		(-), General comments
Business or Organization Affiliation:	LA CHY nedical M	miliana	Jask force
Address: <u>6467</u> Pxii	relan Alle LA O	A State	9 <i>003</i> 8
Business phone: 323/334-5282	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFOR	MATION BELO	w:
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Date 1/21/09		NCIL'S RULES OF L BE ENFORCED.		Agenda Item, or Case No. MH
I wish to speak before the	PLUM COV Name of City Agency,	NMITTEE Department, Committee	or Council	
Do you wish to provide general	public comment, or to sp	eak for or against a prop	osal on the agenda	
Name: LEWBY F	ISHER			() General comments
Business or Organization Affiliat	ion:			
Address: 1625 WI	ATERLOO	LA	CA	9002C
Address: <u>1625</u> W1 Street Business phone: <u>310-913-</u>		City Ig:	State	Zip
CHECK HERE IF YOU ARE A			FORMATION BELO	w:
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Date 1-27-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 3 - 3		
I wish to speak before the	PLUM Name of City Agency, Department, Committee o	08-0923 r Council		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal General comments				
Business or Organization Affiliation: <u>C1+2eN</u>				
Address: 10848 OXNAND ST Nrak Hollywood CA 71606 Street City State Zip				
Business phone: SK-308-0443 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF Alia DECORUM WILL BE ENFORCED. con Commit I wish to speak before the ____ Name of City Agency, Department, Committee or Council Do you wish to provide general public confirment, or to speak for or against a proposal on the agenda? () For proposal) Against proposal General comments Name: Business or Organization Affiliation: Address: 620 E 1 87 37 9001 City State Street Business phone: 213687998/ Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: Street Citv State Zip Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson. NOTE: THIS IS A PUBLIC DOCUMENT.

Date 1-27-09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No. AMUSE 2#	
I wish to speak before the	PLUM COMM. Name of City Agency, Department, Committee	e or Council		
Do you wish to provide general p	ublic comment, or to speak for or against a prop	oosal on the agenda? (
Name: //ikg/ (7/1/4	nt	(((() Against proposal -) General comments	
Business or Organization Affiliation	on: G.L.A.L.A			
Address:Street	Dimondule anson	State	70746	
Business phone: 30 (p14-0709 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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Date (-27-9	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. Ifon 213		
I wish to speak before the FLUM COMMITTEE Name of City Agency, Department, Committee or Council				
Do you wish to provide general	public comment, or to speak for or against a propos			
Name: JAMES SH	Name: JMMES SHAW () Against proposal () General comments			
Name: JMPLES SHAW () General comments Business or Organization Affiliation: Union of Medical Marijuana Patients Address: 321 1/2 E 1st St LA 900/2 City State				
Address: 321 1/2 E 1st St LA 90012				
Street City State Zip				
Business phone: 2/3 626 273 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:				
Client Address:Street	City	State Zip		
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Date/-27-09	THE CITY COUNCIL'S R DECORUM WILL BE EN		Council File No., Ag	enda Item, or Case No.)
I wish to speak before the	PLVM COMM Name of City Agency, Departme		vuncil	
Do you wish to provide general	public comment, or to speak for or	against a proposal [:] o	n the agenda? () For proposal
Name: Michael	Levitt		Ţ. Ţ.	 Against proposal General comments
Business or Organization Affiliation: MARKANA GLACA				
Address: 2/0/4	CANTARN S	ST. CA	WOGA PA	RK 9 RANI
Business phone Street	City	•••	State ,	Zip 207
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	·	· · ·	Phor	ıe #:
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	CITY OF LOS ANGELES SF	'EAKER CARD	V	
Date 1/27/09	THE CITY COUNCIL'S RULES	OF	ile No., Agenda Item, or Case No.	
I wish to speak before the	PLUM COMMITTEE Name of City Agency, Department, Co	ommittee or Council		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal				
Name: DON DUNCAN () General comments Business or Organization Affiliation: <u>AMERICANS FOR Safe Access</u>				
	• •		90026	
Address: 1759 Silver14/re Blvd. LA CA 90026 Street City State Zip Business phone: 323-326-6347 Representing:				
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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF Hen #2 DECORUM WILL BE ENFORCED. P.L.U.M. I wish to speak before the Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Against proposal Name: Fenniter Lyons-Ferrell General comments Business or Organization Affiliation: G.L.A.C.A. = 1Address: <u>3835</u> Fountain Ane, L.A., CA 90029 Street 662-0900 City State Business phone: <u>848.323</u> Representing: <u>Self-</u> Zip CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: _____ Phone #: _____ Client Address: Street City State Zip Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Date 1/27/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	agenda Item, or Case No.	
I wish to speak before the	Plum			
	Name of City Agency, Department, Committee or		() **	
	public comment, or to speak for or against a proposa	I on the agenda?	() For proposal () Against proposal	
Name: YAMI D	polano S DIA	<u> </u>	() General comments	
Business or Organization Affiliation: GACa, Pure Life atternative				
Address: 1649 30 LA Genera Litt - Con. 10033				
Business phone: 310-246-934 5 Representing: MYSCH. State Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Ph	one #:	
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Date //27/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 080923		
I wish to speak before the PLUM Cemmified				
Do you wish to provide general	public comment, or to speak for or against a proposa			
Name: / 5-5-	SAWOYA	() General comments		
Name: () General comments Business or Organization Affiliation: GLACA - Purelife				
Address: <u>1649</u>	S. CA-Cienega LA	<u>CA</u> 90035		
Business phone: 302469345 Representing: Self				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name: () Against proposal Name: () General comments				
Business or Organization Affiliation:				
	LA BROM #529 LA C City 1328 Representing:	A 90036-2015 State Zip		
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Date 1/27/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the				
Do you wish to provide general	public comment, or to speak for or against a proposa			
Name: DOD DUNCAD () Against proposal (L) General comments				
Business or Organization Affiliation: AMENICANS FOI SUFE ACCESS				
Address: 1759 SILVENAKE BIVO. LA, CA 90026 Street City State Zip				
Street City State Zip Business phone: 323-376-634 Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
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