Date 11/16/09	Council File No., Agenda Item, or Case No. 08 - 0723							
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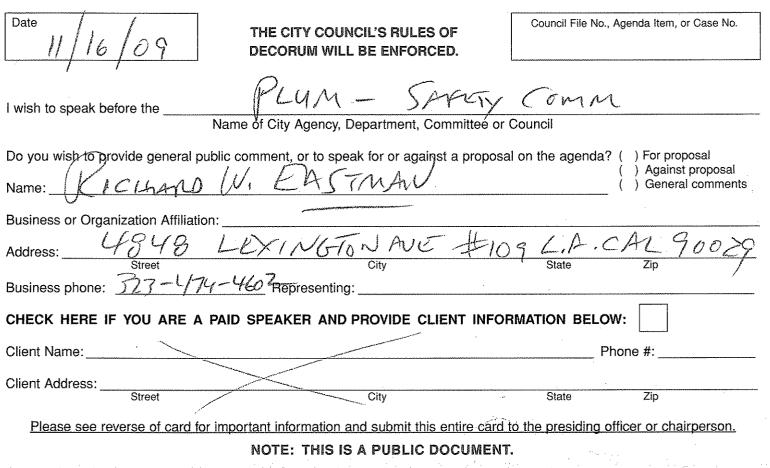
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Do you wish to provide general public comment, or to speak for or against a proposal	on the agenda? () For proposal
Name: Don Duncan	() General comments
Business or Organization Affiliation: Americans for Safe /	Access
Address: 1759 SILVERIAHE BIVD. LA	CA 90026
Business phone: <u>323-326-6347</u> Representing:	
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Name: SARAH NEWTON	() Against proposal () General comments
Business or Organization Affiliation:	
Address: City	0 . (
Business phone: 29 - 14-3009 Representing:	State Zip
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CITY OF L	OS ANGELES SPEAKER	CARD
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Business or Organization Affiliation:	· · · · ·	
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Name: JAIME	GRHEN	()-Against proposal () General comments
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Business phone: 213648 08	33Z Representing: SF/f	
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Business phone: 27982	29 Representing:	State Zip
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. File # 08-0923

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Do you wish to provide general public comment,	or to speak for or against a propo	osal on the agenda	(SC) Against propo	osal
Name: Jennifer Soares Business or Organization Affiliation:			()General comr -	nents
Address: <u>539 Ave B</u> Street	Redondo Beach	<u>CA</u> State	90277 Zip	
Business phone: (530) 219 - 1397 Rep				
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Business or Organization Affiliati	on: Marijuana Policy	Project
Address: <u>3974 M</u>	oare St. #208, Los Angele	S (A 90066 State Zip
Business phone: 310-351-	2639 Representing:	· · · ·
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Name: Anthony	BOUSSOR	(), Against proposal
Business or Organization Affiliat	Ion: Westside Caregners	$\frac{1}{2}$
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Do you wish to provide general public	comment, or to speak for or against a	proposal on the aden	da?r() For proposal
Name: JOSH BOV	SAC		Against proposal
Business or Organization Affiliation:	CFCC Inc		· · · · · · · · · · · · · · · · · · ·
Address: 8540 Vail	PBIVE LA, OR	F 20034	-
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Name: JACKIE	GREIG		(≿) Against proposal () General comments
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3usiness phone: <u>3/0-384</u>	-6362 Representing:		
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Business or Organization Affilia	tion: Los Angeles Called	tive Assidciation
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Name: John Andressi Business or Organization Affiliation: The Farmacy Address: 7825 Street Street Business phone: 323-556-1505 Representing: The Farmacy CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:		Name of City Agency, Department, Committee or	Council
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usiness or Organization Affiliation: MEDICHL MARI VANA	PAHIENT
ddress: 2/0/4 CANTARA ST. CV	ANDGA PARKY130 State Zip
usiness phone: <u>XX-b25-327</u> Representing: <u>SEE</u> V	HBCO C
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Name: Mike		() Against proposal () General comments
Business or Organization Affilia	ition: RATIENT	Δ , α , Λ
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Date 11/16/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Business or Organization Affiliat Address:	ion: <u>Resident</u> W. Grandview Are Sievr	a Madre CA 71024 State Zip
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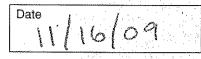
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Name: <u>BARRY KA</u>	RAMER	Against proposal General comments
Business or Organization Affiliati	on: RESIDENT	
Address: <u>/220 // G</u> Street	City City	CA 90046. State Zip
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Address: <u>Street</u> Business phone: <u>310.540</u>	City <u>6639</u> Representing: <u>Self</u>	State	Zip	
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Name: Daniel 5050	((<) Against proposal () General comments
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Name: Michael	CheRNIS	(L) Against proposal () General comments
Business or Organization Affiliat	ion: AttoRNEY	
Address: <u>/800</u> Cou	Ley Park East, suite 600 City 5906 Representing: <u>Collective</u>	State Zip
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Name: Paul L	erner	() Against proposal() General comments
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Name: Michael	Larsen				ainst proposal neral comments
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I wish to speak before the JO_{VJT} (OH_{WTE} MTG ($PO'_{Name of City Agency, Department, Committee of Do you wish to provide general public comment, or to speak for or against a propose Name R_{DO} (AD_{MAM})$	r Council
Name: BOB MORAHANS	
Business or Organization Affiliation: MD CIM WEST CAMMUNT Address: 732 N POINSETTA PL LOS A	
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Date 11/16/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $\bigcirc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	Name of City Agency, Department, Committee or ublic comment, or to speak for or against a proposi	
Name: $DAUD$ G		() Against proposal () General comments
Business or Organization Affiliation	on: TTLRZANA PIZOPERTY OWN	=RS ASUOC
Address: <u>CG73</u> Street	ALVIN ANIS TAR ZAM City 318 Representing: TARZAM PROFEST	$\frac{cA}{\text{State}} = \frac{7135}{2}$
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CITY OF LOS ANGELES SPEAKER	R CARD
Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $08-0733$
I wish to speak before the <u><i>Arblic Staty</i></u> <u>Plum</u> Name of City Agency, Department, Committee c	or Council
Do you wish to provide general public comment, or to speak for or against a propo	sal on the agenda? 🗡 For proposal
Name: Debra Stephins	 Against proposal General comments
Business or Organization Affiliation:	
Address: 9975 Whordland Avenue Supland	<u>()</u> <u>9/048</u> State Zip
Business phone: Representing: <u></u>	
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Business or Organization Affiliation	on:		
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Business or Organization Affiliati	on:	· · · · · · · · · · · · · · · · · · ·	•		
Address: <u>POBox</u> Street		inter a second		357 Zip	· · · · · · · · · · · · · · · · · · ·
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Business or Organ Address: Business phone./	nization Affiliation	n: I/mg/nRMAUVA/12 City CS Representing:	4 ////////////////////////////////////
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Date 11/16/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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	Name of City Agency, Department, Committee o	or Council
Do you wish to provide general	public comment, or to speak for or against a propos	
Name: Tara Gru	en Wells	() Against proposal () General comments
Business or Organization Affiliat	tion:	
Address: 3050 A	reachwood Dr-	LA CA 90062 State Zip
Business phone: <u>32-3715</u>	2383 Representing:	· · · · · · · · · · · · · · · · · · ·
	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
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I wish to speak before the <u>Silver</u> PULUM Name of City Agency, Departme	Public Soldy Council
Do you wish to provide general public comment, or to speak for or	against a proposal on the agenda? () For proposal
Name: Dec Contee	() Against proposal () General comments
Business or Organization Affiliation:	advonat
Address: 6467 Levinalon And	(A CA .: SO038
Street O Olty Business phone: 373 334 5762 Representing:	the patients
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDI	E CLIENT INFORMATION BELOW:
Client Name:	Phone #:
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Date MOULLADOCA	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Los Angeles City Cour	
	Name of City Agency, Department, Committee	
Do you wish to provide general	public comment, or to speak for or against a prop	osal on the agenda? () For proposal
	Burd	() Against proposal
Business or Organization Affiliat	tion: Healthy Wealthy a	and Wise Inc
Address: <u>918</u> N	La Cienega Giva, Los An	geles CA 9001209
Business phone: 398429	La CIEnega GIVd, Los An City 3040 Representing: <u>Health</u>	y used Ithy and Wisela
	A PAID SPEAKER AND PROVIDE CLIENT INF	
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	CITY OF LOS ANGELES SPEAKER	CARD
Date 11/16/09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. Public Comment
I wish to speak before the \underline{Pu}	blic Safety / Plum Comi	
Do you wish to provide general Name: $AMCS C$.	Name of City Agency, Department, Committee or public comment, or to speak for or against a propose $\int \partial \alpha d\lambda$	
Business or Organization Affilia	tion: Union of Medical Ma	rijuana Patients
	155 Street Suite 200 1 Sity 2730 Representing: Patrents	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:	·	Phone #:
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Date /////09	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File Nos, Agenda Item, or Case No.
I wish to speak before the P/U	e of City Agency, Department, Committee or	r Council
Do you wish to provide general public of	comment, or to speak for or against a propos	al on the agenda? () For proposal
Name: Belinda	Woodruff	 Against proposal General comments
Business or Organization Affiliation:	STUC	
Address: 1255 LAS	Prumas Ln Tuju	1 Mga 9104 C
Business phone: <u>818-374-508</u>	Sepresenting:	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
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	Fronter Los Angeles Carequer	1 900	2 35
54 -	City Representing:	State	Zip
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	CITY OF LOS	ANGELES S	PEAKER (CARD		
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I wish to speak before the	PLUM /	PUBLIC	SAFETY			
	Name of City Age	ncy, Department, C	ommittee or C	ouncil		
Do you wish to provide general p Name:						1
Name: <u>OLIVE</u> Business or Organization Affiliat Address: <u>I250</u> Street 30	ion: <u></u>	DANT /GA	GATEN C	-05 N	UG9155	@
Address:	S. HOLT	<u>AVE</u>	LA,	CA	900	35
Business phone:	0 5581969 BBBB coReprese	City	· .	State	Zip	1
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Business or Orgar	ization Affiliation:	Glaca 1	
Address: <u> </u>	568	Hoener St.	L.A. 90035
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ddress: <u>3626</u>	MAT ELizabeth 1	Kar Glandella (19)
	692 Representing:	Accesss
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