

# CITY OF LOS ANGELES SPEAKER CARD

Date  
11/24/09

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

Council File No., Agenda Item, or Case No.  
ITEM 1D

I wish to speak before the CITY COUNCIL

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: BARRY KRAMER ( ) Against proposal  
 General comments

Business or Organization Affiliation: \_\_\_\_\_

Address: 1220 N GARSDNER #106 LA CA 90046

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

**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.

NOTE: THIS IS A PUBLIC DOCUMENT

# CITY OF LOS ANGELES SPEAKER CARD

Date  
11-24-09

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

Council File No., Agenda Item, or Case No.  
10-medical marijuana

I wish to speak before the City Council 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: David Sosa ( ) Against proposal  
(X) General comments

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

**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.

**NOTE: THIS IS A PUBLIC DOCUMENT.**

# CITY OF LOS ANGELES SPEAKER CARD

Date  
11/24/09

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

Council File No., Agenda Item, or Case No.  
10

I wish to speak before the LA City Council  
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: Professor Nes ( ) Against proposal  
( ) General comments

Business or Organization Affiliation: LA TALK Live! "The Manigvalogist"

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business phone: \_\_\_\_\_ Representing: www.LATALKLive.com

**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.~~

~~NOTE: THIS IS A PUBLIC DOCUMENT.~~

# CITY OF LOS ANGELES SPEAKER CARD

Date  
11/29/09

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

Council File No., Agenda Item, or Case No.  
10

I wish to speak before the CITY COUNCIL  
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  
( ) General comments

Name: Cheryl Arevalo

Business or Organization Affiliation: \_\_\_\_\_

Address: 144 E Kingsland St Los Angeles CA 90002  
Street City State Zip  
Business phone: 310 6917523 Representing: myself

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.

NOTE: THIS IS A PUBLIC DOCUMENT



# CITY OF LOS ANGELES SPEAKER CARD

Date  
11/24/09

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

Council File No., Agenda Item, or Case No.  
70

I wish to speak before the City Council  
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: Michael Levitt ( ) Against proposal  
(x) General comments

Business or Organization Affiliation: \_\_\_\_\_

Address: 21014 CANTARA ST. CANYON PARK C/D 91304  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: 818 6253225 MEDICAL MARIJUANA PATIENTS OF SFV  
Street City State 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.

NOTE: THIS IS A PUBLIC DOCUMENT

# CITY OF LOS ANGELES SPEAKER CARD

Date 1-24-09

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

Council File No., Agenda Item, or Case No. 10

I wish to speak before the CITY BOUCL 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  
 General comments

Name: OSWALDO LEONARDO DIAZ

Business or Organization Affiliation: MED-MAR ADVOCATE

Address: 508 W. 10<sup>TH</sup> ST. # 5 City ONTARIO State CA Zip 91762

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

**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.  
**NOTE: THIS IS A PUBLIC DOCUMENT.**

# CITY OF LOS ANGELES SPEAKER CARD

Date 11/24/09

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

Council File No., Agenda Item, or Case No. 10. ~~10~~ A

I wish to speak before the L.A. Council  
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  
 General comments

Name: TERESA MARQUEZ

Business or Organization Affiliation: BOYLE HEIGHTS STRECHOLDER'S ASSN.

Address: 3122 E. 3rd ST L.A. CA 90063  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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.

NOTE: THIS IS A PUBLIC DOCUMENT.

# CITY OF LOS ANGELES SPEAKER CARD

Date  
Tue. 11.24.9

Council File No., Agenda Item, or Case No.  
10 Med. W.

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

I wish to speak before the City Council 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: William Rusbosin ( ) Against proposal  
(●) General comments #10

Business or Organization Affiliation: \_\_\_\_\_

Address: 1250 S. WESTERN #210 City LA State CA Zip 90026  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: self

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.

NOTE: THIS IS A PUBLIC DOCUMENT.

# CITY OF LOS ANGELES SPEAKER CARD

Date 11-24-09

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

Council File No., Agenda Item, or Case No. 10

I wish to speak before the City Council 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  
( ) General comments

Name: JAMES SHAW

Business or Organization Affiliation: Union of Medical Marijuana Patients

Address: 321 1/2 E 1st Street LA CA 90012  
Street City State Zip

Business phone: 213 626-2730 Representing: \_\_\_\_\_

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.

NOTE: THIS IS A PUBLIC DOCUMENT.

**CITY OF LOS ANGELES SPEAKER CARD**

*I was not heard  
1st week.*

Date 11/24

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

Council File No., Agenda Item, or Case No. #10

I wish to speak before the City Council

Name of City Agency, Department, Committee or Council

*handed in 9:54AM*

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal

() Against proposal  
( ) General comments

Name: John Walsh

Business or Organization Affiliation: Citizens for Dispensary Reform

Address: 6218 Yucca St City LA State CA Zip CA

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

**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.

NOTE: THIS IS A PUBLIC DOCUMENT.

# CITY OF LOS ANGELES SPEAKER CARD

Date 11-24-09

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

Council File No., Agenda Item, or Case No. 10

I wish to speak before the \_\_\_\_\_

Name of City Agency, Department, Committee or Council Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal

Name: DAFF JOSEPH ( ) Against proposal

Business or Organization Affiliation: organica ( ) General comments

Address: 13468 Washington State \_\_\_\_\_ Zip \_\_\_\_\_  
Street City

Business phone: 310 492 4307 Representing: \_\_\_\_\_

**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.

NOTE: THIS IS A PUBLIC DOCUMENT.