

# CITY OF LOS ANGELES SPEAKER CARD

Date: 11/28/2017

Council File No., Agenda Item, or Case  
Item NO. (5) - 17-0653, 14-0366-S15

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Emmanuel Deleage

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

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Name: Sofia Araujo

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Anne Fox

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Yvonne Figeroa

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Socorro Vasquez

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

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Street City State Zip

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Name: Mario Fedelin

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

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Street City State Zip

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Name: Rafael Bernardino

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

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

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Name: Alina Carmona

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

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

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Name: Lucy Herrera

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Ruby Rivera

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

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

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Name: Carina Palacios

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Melina Castelan

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Donnie Anderson

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:  X

Client Name: Donnie Anderson Phone#: \_\_\_\_\_

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

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Name: Virgil Grant

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:  X

Client Name: Virgil Grant Phone#: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip LA 90047

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Name: Erick Iniguez Self Help Graphics

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Walter Edwards

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Asad Baig

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

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Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Eric Hutchins

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

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Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Akili

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

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Name: Araceli Sandoval-Gonzalez

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

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

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Name: Michael White

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

Address: \_\_\_\_\_  
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Name: Tyrone Freeman

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Antonio,Lopez

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

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Name: Goody

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

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Name: Donray Von

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

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Name: Iona Koskinen

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

Address: \_\_\_\_\_  
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Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Natalie Tobar

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Tim Korngay

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

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Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Erika Jimenez

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Roque Armenta

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

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Name: David Aguila

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

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Name: Benjamin Valdez

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: 666 Herman

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

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Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Carissa Guidry

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Marcy Lyles

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Item NO. (5) - 17-0653, 14-0366-S15

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Ebony Edwards

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

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# CITY OF LOS ANGELES SPEAKER CARD

Date: 11/28/2017

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Name: Jackie Subeck

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Lou Calanche

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Cesia Dominguez

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Rafael Chavez

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Lynne Lyman

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Rafael Gonzalez

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Rachel Johnson

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Brian Bowens

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Fanny Guzman

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

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

Business Phone: \_\_\_\_\_ Representing: Latinos For Cannabis

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Name: Jazmin Aguiar

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Andre Humphrey

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

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

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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