

# CITY OF LOS ANGELES SPEAKER CARD

Date: 12/06/2017

Council File No., Agenda Item, or Case  
Item NO. (6) - 14-0366-S4

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? **Against Proposal**

Name: Frank Chimienti

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

**NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD**

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

Name: Rachel Johnson

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:

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Name: Benjamin Landaverde

Business or Organization Affiliation: Og Cannabis Insurance

Address: 5015 W Ave L14 Quartz Hill Ca 93535  
Street City State Zip

Business Phone: 669437777 Representing: OG Cannabis Insurance

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Name: Jon Friedman

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

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

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

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Name: Sarsh Armstrng

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

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

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

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Name: Eric Preven

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

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

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

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Name: Allison Margolin

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

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

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

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Name: Fuck 666 Herman

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

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

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

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Name: Victor Castillo

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

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

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

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Name: Jerred Kikoh

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

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

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

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Name: Gilbert Mora

Business or Organization Affiliation: Behavioral Health Services Inc

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

Business Phone: 3234613161 Representing: \_\_\_\_\_

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Name: Jenna Rompel

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

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

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

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Name: Tomer Grassiany

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

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

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

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Name: Harvey Eder

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

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

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

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