| YOU ARE NOT REQU<br>EXCEPT TO THE EXT                          | JIRED TO PROVIDE     | PERSONAL INFORMAT<br>OR THE PRESIDING OF | ION IN ORDER TO     | SPEAK,  |
|--|----------------------|--|---------------------|---|
| Date   | THE CITY COUN        | CIL'S RULES OF                           | Council File N      | No., Agenda Item, or Case No.   |
| 11-01-16   | DECORUM WILL         | BE ENFORCED.                             |                     |   |
| I wish to speak before theCH                                   | Council              |  | G-14-               | .0366 5-5   |
|  | e of City Agency, D  | epartment, Committee                     | or Council          | 1   |
| Do you wish to provide general public co<br>Name: Virgil Grant |                      | ak for or against a prop                 | osal on the agend   | la? ( // For proposal<br>( ) Against proposal<br>( ) General comments |
| Business or Organization Affiliation:                          | alifornia            | Minority A                               | llishte             |   |
| Address: 1445 W. C.e.  | tury Blud            | City                                     | State               | 90047   |
| Business phone:  | Representing:        | southern Cal                             | Hornig G            | Dalition  |
| CHECK HERE IF YOU ARE A PAID                                   |                      |  | ORMATION BEL        | _OW:  |
| Client Name:   |                      |  |                     | Phone #:  |
| Client Address:Street  |                      | City                                     | State               | Zip   |
| Please see reverse of card for impo                            | rtant information ar | nd submit this entire car                | rd to the presiding | officer or chairperson.   |

| NOTE: THIS IS A PUBLIC DOCUMENT<br>YOU ARE NOT REQUIRED TO PROVIDE<br>EXCEPT TO THE EXTENT NECESSARY F | PERSONAL INFORMATION                      | IN ORDER TO SPEAK,       | I.                                   |
|--|---|--------------------------|--------------------------------------|
|  | ICIL'S RULES OF<br>BE ENFORCED.           | Council File No., Agenda | ι Item, or Case No.                  |
| I wish to speak before the <u>US Avopus Cut</u><br>Name of City Agency, E                              | y Council ,<br>Department, Committee or C | Council                  |                                      |
| Do you wish to provide general public comment, or to spe-  | ak for or against a proposal              | on the agenda? ( ) F     | or proposal                          |
| Name: GABRIEL GUZMAN   |   |                          | Against proposal<br>General comments |
| Business or Organization Affiliation: NamasTe  | Mellness/ La                              | atinos For               | - Cannabis                           |
| Address:   | lus Angeles,                              | State 1 Zi               | D44                                  |
| Business phone: 888-333-5826 Representing  |   | as Coalition             | P                                    |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND   | PROVIDE CLIENT INFOR                      | MATION BELOW:            |                                      |
| Client Name:   |   | Phone #                  |                                      |
| Client Address:Street  | City                                      | State Zi                 | p                                    |
| Please see reverse of card for important information a   | nd submit this entire card to             | the presiding officer o  | r chairperson.                       |

| YOU ARE NOT                    | S A PUBLIC DOCUMENT SUBJECT TO POSTING (<br>REQUIRED TO PROVIDE PERSONAL INFORMAT<br>E EXTENT NECESSARY FOR THE PRESIDING OF | ION IN ORDER TO    | SPEAK,  |
|--------------------------------|--|--------------------|---|
| Date 11/1/2016                 | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File N     | No., Agenda Item, or Case No.                                       |
| I wish to speak before the     | Los Angeles City Council<br>Name of City Agency, Department, Committee   | or Council         |   |
| Name: Seth Hil                 |  |                    | a? (X) For proposal<br>(X) Against proposal<br>(X) General comments |
|                                | : SCC - Quality Cance  | entrates           |   |
| Address:Street                 | City   | State              | Zip   |
| Business phone:                | Representing:  |                    |   |
| CHECK HERE IF YOU ARE A        | PAID SPEAKER AND PROVIDE CLIENT INF  | ORMATION BEL       |   |
| Client Address:<br>Street      | City   | State              | Zip   |
| Please see reverse of card for | important information and submit this entire car   | d to the presiding | officer or chairperson.   |

| YOU ARE NO  | IS A PUBLIC DOCUMENT SUB<br>IT REQUIRED TO PROVIDE PE<br>HE EXTENT NECESSARY FOR | RSONAL INFORMATION       | I IN ORDER TO   | SPEAK,  |
|---|--|--------------------------|-----------------|---|
| Date 11-1-16  | THE CITY COUNCIL<br>DECORUM WILL BE  |                          | Council File No | o., Agenda Item, or Case No.                                |
| I wish to speak before the  | LA CITY<br>Name of City Agency, Depa   |                          | Council         |   |
| Do you wish to provide general p<br>Name: BARI  | RX BROAL   |                          |                 | <ul><li>Against proposal</li><li>General comments</li></ul> |
| Business or Organization Affiliation  | On: CALIF. TE.   | AMSTERS                  | PUBLIC          | AFFAIRS COUNCIL   |
| Business or Organization Affiliation<br>Address: $1/2$ $1/4$<br>Business phone: $316-244$ | St, #572 SA  | RASYENTO                 | 00 858          | 14  |
| Business phone: 916-244   | 2-5999 Representing:   | ty                       | State           | Ζιρ   |
| CHECK HERE IF YOU ARE A   |  |                          |                 |   |
| Client Name:  | -  |                          | F               | Phone #:  |
| Client Address:   | Ci   |                          | State           | Zip   |
|   | or important information and s   | ubmit this entire card t | o the presidina | officer or chairperson.                                     |

| YOU ARE NOT                       | S A PUBLIC DOCUMENT SUBJECT TO POSTING ON<br>REQUIRED TO PROVIDE PERSONAL INFORMATIO<br>E EXTENT NECESSARY FOR THE PRESIDING OFFIC | N IN ORDER TO SPEAK,   |
|-----------------------------------|--|--|
| Date<br>11-01-16                  | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No., Agenda Item, or Case No.                             |
| I wish to speak before theC       | Name of City Agency, Department, Committee or  | Council  |
| Do you wish to provide general pu | blic comment, or to speak for or against a proposi   | al on the agenda? $()$ For proposal                                    |
| Name: Donnie Andre                | 27501  | <ul> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul> |
|                                   | : Californig Minority Allians  | 20   |
| Address:Street                    | 0:4:   | 0  |
| Business phone: 213 254-5         | City<br>Representing: SO, Cal Coal   | State Zip  |
|                                   | PAID SPEAKER AND PROVIDE CLIENT INFO   | RMATION BELOW:   |
| Client Name:                      |  | Phone #:   |
| Client Address:                   |  |  |
| Street                            | City   | State Zip  |
|                                   |  |  |

| YOU ARE                                     | THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING O<br>E NOT REQUIRED TO PROVIDE PERSONAL INFORMATI<br>TO THE EXTENT NECESSARY FOR THE PRESIDING OFF | ON IN ORDER TO S     | PEAK,  |
|---|---|----------------------|--|
| Date  | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.  | Council File No.     | , Agenda Item, or Case No.   |
| I wish to speak before the                  | City Council<br>Name of City Agency, Department, Committee of   | or Council           |  |
| Do you wish to provide gene<br>Name: Daniel | ral public comment, or to speak for or against a propo<br>Sosa  |                      | <ul> <li>? ( ) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul> |
|   | iliation:   |                      |  |
| Address:Street                              | City  | State                | Zip  |
|   | Representing:   |                      |  |
| CHECK HERE IF YOU AR                        | E A PAID SPEAKER AND PROVIDE CLIENT INF   | ORMATION BELC        | W:   |
| Client Name:                                |   | P                    | hone #:  |
| Client Address:                             | 21  | 0                    |  |
| Street                                      | City  | State                | Zip  |
| Please see reverse of ca                    | rd for important information and submit this entire car   | d to the presiding c | fficer or chairperson.   |

| YOU ARE N                        | IS IS A PUBLIC DOCUMENT SUBJECT TO POSTING<br>NOT REQUIRED TO PROVIDE PERSONAL INFORMA<br>THE EXTENT NECESSARY FOR THE PRESIDING O | TION IN ORDER TO SPEAK,                      |
|----------------------------------|--|--|
| Date 11/1/16                     | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No., Agenda Item, or Case No.   |
| I wish to speak before the       | Name of City Agency, Department, Committee   | ce/<br>e or Council                          |
|                                  | I public comment, or to speak for or against a pro   |  |
| Business or Organization Affilia | ation: GLACA/Ca  | Menge Carequestre                            |
| Address:Street                   | Oxnard st Van Nug.<br>8-6707 Representing: Southern  | 5 CA $91911O 1, State O Zig191$              |
|                                  | A PAID SPEAKER AND PROVIDE CLIENT IN   | California Coallition                        |
| Client Name:                     | A FAID SPEAKER AND PROVIDE CLIENT IN   | Phone #:                                     |
| Client Address:Street            | City   | State Zip                                    |
| Please see reverse of card       | for important information and submit this entire c   | ard to the presiding officer or chairperson. |

| YOU ARE NO                        | S IS A PUBLIC DOCUMENT SUBJECT TO POSTING (<br>OT REQUIRED TO PROVIDE PERSONAL INFORMAT<br>THE EXTENT NECESSARY FOR THE PRESIDING OF | ION IN ORDER TO SPEAK,                        |
|-----------------------------------|--|---|
| Date                              | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No., Agenda Item, or Case No.    |
| I wish to speak before the        | Name of City Agency, Department, Committee   | or Council                                    |
| Name: CA REA                      |  | (* ) Against proposal<br>( ) General comments |
| Business or Organization Affiliat | ion: Thanstans Jo  | -42   |
| Address: 981 Con                  | porte Center DR #Zer   | Pomona CrA 91768                              |
| Business phone: 626-97            | tion: Tanstans Ja<br>parte Center DR #200<br>4-4212 Representing: Targens  | State Zip<br>TANS UMCON                       |
|                                   | A PAID SPEAKER AND PROVIDE CLIENT INF  |   |
| Client Name:                      |  | Phone #:                                      |
| Client Address:Street             | City   | State Zip                                     |
| Please see reverse of card        | for important information and submit this entire ca  | rd to the presiding officer or chairperson.   |

| NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE<br>YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN O<br>EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO  | ORDER TO SPEA    | Κ,   |
|--|------------------|--|
| Date       THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.       C         I wish to speak before the       C       C         Name of City Agency, Department, Committee or Count   |                  | nda Item, or Case No.                                      |
| Do you wish to provide general public comment, or to speak for or against a proposal on the Name: A PARS & Marco Development of the PRO D | the agenda? (    | ) For proposal<br>) Against proposal<br>) General comments |
| Address: 16815 Vizhang Bwd H408<br>Business phone. 666072760 Representing:   | Lste T.<br>State | BALLES, CA   |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMAT   | TION BELOW:      |  |
| Client Name:   | Phone            | e #:   |
| Client Address:City  | State            | Zip  |

| YOU ARE NO                 | S IS A PUBLIC DOCUMENT SUBJECT TO POSTING OF<br>OT REQUIRED TO PROVIDE PERSONAL INFORMATIC<br>THE EXTENT NECESSARY FOR THE PRESIDING OFFI | ON IN ORDER TO S   | PEAK,                                      |
|----------------------------|---|--------------------|--|
| Date                       | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.   | Council File No.   | ., Agenda Item, or Case No.                |
| I wish to speak before the | Name of City Agency, Department, Committee or   | r Council          |  |
|                            | public comment, or to speak for or against a propos   | sal on the agenda' | ? (/) For proposal<br>( ) Against proposal |
| Name: <u>Aaron Justis</u>  | 211210  |                    | () General comments                        |
|                            | ion: Buds & Roses / G.L. +  |                    |  |
| Address: 13047 Verte       | mibled Studio City  | CA                 | 91604                                      |
|                            | 852 Representing:   | State              | Σiμ  |
| CHECK HERE IF YOU ARE      | A PAID SPEAKER AND PROVIDE CLIENT INFO  | RMATION BELC       | ow:  |
| Client Name:               |   | P                  | hone #:                                    |
| Client Address:            | City  | State              | Zip  |
|                            | for important information and submit this entire card   |                    |  |

| Date                             | THE CITY COUNCIL'S RULES OF                    | Council File No        | , Agenda Item, or Case No.                                     |
|----------------------------------|--|------------------------|--|
|                                  | DECORUM WILL BE ENFORCED.                      | Ø                      | <u> </u>   |
| I wish to speak before the       | Name of City Agency, Department, Commit        | tee or Council         | ty lance 1   |
|                                  | public comment, or to speak for or against a p | proposal on the agenda | For proposal   |
| Name: Yamlé                      | th Bolanos                                     | 0                      | <ul> <li>Against proposal</li> <li>General comments</li> </ul> |
| Business or Organization Affilia | tion: Glaca, Purel                             | ite, Co                | alition  |
| Address: 8566                    | Horner H L.                                    | A Ca 7                 | 0035   |
| Business phone: 310-384          |  | State                  | Zip  |
| CHECK HERE IF YOU ARE            | A PAID SPEAKER AND PROVIDE CLIENT              | INFORMATION BELC       | w:   |
| Client Name:                     |  | P                      | hone #:  |
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| YOU ARE N  | S IS A PUBLIC DOCUMENT SUBJECT TO POSTING OF<br>OT REQUIRED TO PROVIDE PERSONAL INFORMATIC<br>THE EXTENT NECESSARY FOR THE PRESIDING OFFI | IN IN ORDER TO SI  | PEAK,                      |
|--|---|--------------------|----------------------------|
| Date   | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.  | Council File No.,  | , Agenda Item, or Case No. |
|  | Name of City Agency, Department, Committee or   | r Council          |                            |
| Name: <u>EME FM</u> ]<br>Business or Organization Affiliat | tion:   |                    | () General comments        |
| Address: Street  | City  | State              | Zip                        |
| Business phone:  | Representing:   |                    |                            |
| CHECK HERE IF YOU ARE                                      | A PAID SPEAKER AND PROVIDE CLIENT INFO  | ORMATION BELO      | w:                         |
|  |   |                    |                            |
| Client Address: Street                                     | City  | State              | Zip                        |
| Please see reverse of card                                 | for important information and submit this entire card   | to the presiding o | fficer or chairperson.     |

| YOU ARE NO                        | S IS A PUBLIC DOCUMENT SUBJECT TO POSTING<br>OT REQUIRED TO PROVIDE PERSONAL INFORM,<br>THE EXTENT NECESSARY FOR THE PRESIDING ( | ATION IN ORDER TO SP  | EAK,  |
|-----------------------------------|--|-----------------------|---|
| Date                              | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No.      | Agende Item, or Case No.  |
| I wish to speak before the        | Name of City Agency, Department, Committe  | e or Council          | 1   |
| Do you wish to provide general    | public comment or to speak of a against a pro  | oposal on the agenda? | <ul><li>( ) For proposal</li><li>( ) Against proposal</li></ul> |
| Name:                             | WW   | C                     | General comments  |
| Business or Organization Affiliat | ion:   |                       |   |
| Address:Street                    | City   | State                 | Zip   |
|                                   | Representing:  |                       |   |
| CHECK HERE IF YOU ARE             | A PAID SPEAKER AND PROVIDE CLIENT I  | NFORMATION BELOV      | v:  |
| Client Name:                      |  | Pho                   | one #:  |
| Client Address:Street             | City   | State                 | Zip   |
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|                                  | NOT REQUIRED TO PROVIDE PERSONAL INFORMAT<br>THE EXTENT NECESSARY FOR THE PRESIDING OF |  |
|----------------------------------|--|--|
| Date                             | THE CITY COUNCIL'S RULES OF  | Council File No., Agenda Item, or Case No. |
| 11/16                            | DECORUM WILL BE ENFORCED.  | 11   |
| I wish to speak before the       | City (ouncil   |  |
|                                  | Name of City Agency, Department, Committee   | or Council                                 |
| Name: Chis                       | al public comment, or to speak for or against a proper Borone                          | () Against proposal                        |
| Business or Organization Affilia | ation: The Cleas   |  |
| Address:                         | City   | State Zip                                  |
|                                  | Representing:  |  |
|                                  |  |  |
| CHECK HERE IF YOU ARE            | A PAID SPEAKER AND PROVIDE CLIENT INF  | ORMATION BELOW:                            |
|                                  | A PAID SPEAKER AND PROVIDE CLIENT INF  |  |
|                                  |  |  |

| YOU ARE NOT                                 | REQUIRED TO PROV           | IDE PERSONAL INFOR       | ING ON THE CITY'S WEI<br>MATION IN ORDER TO S<br>G OFFICER TO CALL UP | SPEAK,   |
|---|----------------------------|--------------------------|---|--|
| Date<br>11/1/2014                           |                            | OUNCIL'S RULES OF        | Council File No.  | ., Agenda Item, or Case No.  |
| I wish to speak before the $\underline{LL}$ | City<br>Name of City Agenc | y, Department, Commi     | ttee or Council   |  |
| Do you wish to provide general put<br>Name: | plic comment, or to s      | speak for or against a p | proposal on the agenda  | <ul> <li>? Solution</li> <li>? For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul> |
| Business or Organization Affiliation        | Goddes                     | 5 Deliv                  | ers   |  |
| Address: 1015312 Rive                       |                            |                          |   | 91602<br>Zip   |
| Business phone:                             | Represent                  | ing:                     |   |  |
| CHECK HERE IF YOU ARE A F                   | AID SPEAKER AN             | ND PROVIDE CLIENT        | INFORMATION BELC  | DW:  |
| Client Name:                                |                            |                          | F   | hone #:  |
| Client Address:                             |                            |                          |   |  |
| Street                                      |                            | City                     | State   | Zip  |
| Please see reverse of card for              | important informatio       | n and submit this entir  | e card to the presiding   | officer or chairperson.  |

| YOU ARE NO                     | IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON<br>T REQUIRED TO PROVIDE PERSONAL INFORMATION<br>HE EXTENT NECESSARY FOR THE PRESIDING OFFIC | N IN ORDER TO SI   | PEAK,                      |
|--------------------------------|---|--------------------|----------------------------|
| Date 11/16                     | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.  |                    | , Agenda Item, or Case No. |
| l wish to speak before the     | CATEL COUNCIL   | Council            |                            |
|                                | Name of City Agency, Department, Committee or<br>public comment, or to speak for or against a proposa                                   | al on the agenda?  |                            |
| Name: DAUID                    | SPARER<br>on: THE CLEHR   |                    | () General comments        |
| Address:Street                 |   |                    |                            |
|                                | City<br>Representing:   | State              | Zip                        |
| CHECK HERE IF YOU ARE A        | PAID SPEAKER AND PROVIDE CLIENT INFO  | RMATION BELO       | w:                         |
| Client Name:                   |   | Pł                 | none #:                    |
| Client Address:Street          | City  | State              | Zip                        |
| Please see reverse of card for | or important information and submit this entire card t  | to the presiding o | fficer or chairperson.     |

| NOTE: THIS IS A PUBLIC DOCUMENT S<br>YOU ARE NOT REQUIRED TO PROVIDE<br>EXCEPT TO THE EXTENT NECESSARY F | PERSONAL INFORMATION          | IN ORDER TO SPE      | EAK,   |
|--|-------------------------------|----------------------|--|
| 0 1/1/6 DECORUM WILL   |                               | #1                   | genda Item, or Case No.                                    |
| I wish to speak before the Rules Electio   | ns, intergovern               | menalco              | mmittee  |
| Name of City Agency, D   | epartment, Committee or C     | Council              |  |
| Do you wish to provide general public comment, or to spea  |                               | on the agenda?       | <ul> <li>For proposal</li> <li>Against proposal</li> </ul> |
| Name: TOMEY Grassian   |                               |                      | ) General comments   |
| Business or Organization Affiliation: LA canho   | ibis tagt fo                  | rre                  |  |
| Address: 131 NCVOFFAVe   | LA<br>City                    | State                | 90048<br>Zip   |
| Business phone: Representing:  |                               |                      |  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND F   | ROVIDE CLIENT INFOR           | MATION BELOW         | /:   |
| Client Name:   |                               | Pho                  | one #:   |
| Client Address:  |                               |                      |  |
| Street   | City                          | State                | Zip  |
| Please see reverse of card for important information ar  | nd submit this entire card to | o the presiding offi | cer or chairperson.  |

| YOU ARE NO                         | S IS A PUBLIC DOCUMENT SUBJECT TO POS<br>OT REQUIRED TO PROVIDE PERSONAL INFO<br>THE EXTENT NECESSARY FOR THE PRESID | ORMATION IN ORDER TO SP   | PEAK,   |
|------------------------------------|--|---------------------------|---|
| Date<br>11/12014                   | THE CITY COUNCIL'S RULES O<br>DECORUM WILL BE ENFORCE  | N/                        | Agenda Item, or Case No.  |
| I wish to speak before the         | Name of City Agency, Department, Com   |                           |   |
| Do you wish to provide general p   | public comment, or to speak for or against   | a proposal on the agenda? | (F) For proposal  |
| Name: Zachary                      | Pitts  |                           | <ul><li>( ) Against proposal</li><li>( ) General comments</li></ul> |
| Business or Organization Affiliati | ion: LA Dolivery   | Alliance                  |   |
| Address: 10153 (2 R<br>Street      | iverside Or hat  | L J.<br>State             | G1602-<br>Zip   |
| Business phone:                    | Representing:  |                           |   |
| CHECK HERE IF YOU ARE A            | A PAID SPEAKER AND PROVIDE CLIEF   | NT INFORMATION BELO       | N:  |
| Client Name:                       |  | Ph                        | one #:  |
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| YOU ARE NOT                        | A PUBLIC DOCUMENT SUBJECT TO POSTING O<br>REQUIRED TO PROVIDE PERSONAL INFORMATI<br>EXTENT NECESSARY FOR THE PRESIDING OFF | ON IN ORDER TO S     | PEAK,  |
|------------------------------------|--|----------------------|--|
| Date<br>11/1/2016                  | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No.     | , Agenda Item, or Case No.   |
| I wish to speak before theI        | C. Hy Cana)<br>Name of City Agency, Department, Committee of   | or Council           |  |
| Do you wish to provide general put | plic comment, or to speak for or against a propo<br>$P_{ac}KeC$  | sal on the agenda?   | <ul> <li>( ) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul> |
|                                    | Drug Policy Allic  | INC-R                |  |
| Address:Street                     | City   | State                | Zip  |
| Business phone:                    | Representing:  |                      |  |
|                                    | AID SPEAKER AND PROVIDE CLIENT INFO  |                      |  |
| Client Name:                       |  | PI                   | none #:  |
| Client Address:                    | City   | State                | Zip  |
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| YOU ARE NO                   | IS A PUBLIC DOCUMENT SUBJECT TO POSTING O<br>TREQUIRED TO PROVIDE PERSONAL INFORMATION<br>HE EXTENT NECESSARY FOR THE PRESIDING OFF | ON IN ORDER TO S     | PEAK,  |
|------------------------------|---|----------------------|--|
| Date // // /6                | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.  | Council File No.     | , Agenda Item, or Case No.                                   |
| I wish to speak before the   | Name of City Agency, Department, Committee of   |                      |  |
| Name: Hal Lean               | public comment, or to speak for or against a propo  |                      | ?()For proposal<br>()Against proposal<br>(  General comments |
| Address:Street               | City  | State                | Zip  |
| Business phone:              | Representing:   |                      |  |
| CHECK HERE IF YOU ARE A      | A PAID SPEAKER AND PROVIDE CLIENT INFO  | ORMATION BELO        | ow:  |
| Client Name:                 |   | PI                   | hone #:  |
| Client Address:Street        | City  | State                | Zip  |
| Please see reverse of card f | or important information and submit this entire card  | d to the presiding c | officer or chairperson.                                      |

| YOU ARE NO   | IS A PUBLIC DOCUMENT SUBJECT TO POSTING<br>T REQUIRED TO PROVIDE PERSONAL INFORMAT<br>IE EXTENT NECESSARY FOR THE PRESIDING OF | ION IN ORDER TO S     | PEAK,  |
|--|--|-----------------------|--|
| Date   | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No.      | , Agenda Item, or Case No.   |
| I wish to speak before the   | Name of City Agency, Department, Committee   | or Council            | •  |
| Do you wish to provide general | ublic comment, or to speak for or against a prop<br>NJ<br>LA Cannabis Tas  | osal on the agenda?   | <ul> <li>(<b>&gt;</b>) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul> |
|  | City   | State                 | Zip  |
| Business phone:  | Representing:  |                       |  |
| CHECK HERE IF YOU ARE A  | PAID SPEAKER AND PROVIDE CLIENT INF  | FORMATION BELO        | w:   |
| Client Name:   |  |                       | hone #:  |
| Client Address:Street  | City   | State                 | Zip  |
| Please see reverse of card fo  | r important information and submit this entire ca  | rd to the presiding o | fficer or chairperson.   |

| YOU ARE NO                       | IS A PUBLIC DOCUMENT SUBJECT TO POSTING<br>T REQUIRED TO PROVIDE PERSONAL INFORMA<br>IE EXTENT NECESSARY FOR THE PRESIDING O | TION IN ORDER TO SPI     | EAK,  |
|----------------------------------|--|--------------------------|---|
| Date 11/1/16                     | THE CITY COUNCIL'S RULES OF<br>DECORUM WILL BE ENFORCED.   | Council File No. 7       | Agenda Iten, or Case No.  |
| I wish to speak before the       | Name of City Agency, Department, Committee   | or Council               |   |
| Do you wish to provide general p | ublic comment, or to speak for or against a prop   | posal on the agenda?     | (XFor proposal  |
| Name: SARAH AN                   | mstrong  |                          | <ul><li>( ) Against proposal</li><li>( ) General comments</li></ul> |
|                                  | on: AMERICANS FOR S  | AFE AC                   | CESS  |
| Address:Street                   |  |                          |   |
|                                  | City<br>Representing:  | State                    | Zip   |
| CHECK HERE IF YOU ARE A          | PAID SPEAKER AND PROVIDE CLIENT IN   | FORMATION BELOW          | V:  |
| Client Name:                     |  | Pho                      | one #:  |
| Client Address: Street           | City   | State                    | Zip   |
| Please see reverse of card for   | or important information and submit this entire ca   | ard to the presiding off | icer or chairperson.  |

| YOU ARE NO  | IS A PUBLIC DOCUMENT SUBJECT TO POSTING OF<br>TREQUIRED TO PROVIDE PERSONAL INFORMATIO<br>HE EXTENT NECESSARY FOR THE PRESIDING OFFI | N IN ORDER TO S            | PEAK,   |
|---|--|----------------------------|---|
| Date  | THE CITY COUNCIL'S RULES OF  | Council File No            | ., Agenda Item, or Case No.   |
| 11-1-16   | DECORUM WILL BE ENFORCED.  | 4                          | = //  |
| I wish to speak before the  | Council  |                            | 11  |
|   | Name of City Agency, Department, Committee or  | Council                    |   |
| Do you wish to provide general p  | public comment, or to speak for or against a propos  | al on the agenda           | ?()For proposal   |
| Name: TAWGY   | DANJA  |                            | <ul><li>( ) Against proposal</li><li>( ) General comments</li></ul> |
| Business or Organization Affiliati  | on:  |                            |   |
| Address: P. D. Go   | K arcada   | State                      | 91077<br>Zip  |
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| Date<br>November 1, 2016              | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.   | 11                  | ., Agenda Item, or Case No. |
| I wish to speak before the            | Iame of City Agency, Department, Committee or   |                     |                             |
|                                       | lame of City Agency, Department, Committee or   | Council             |                             |
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| Business or Organization Affiliation: |   |                     |                             |
| Address:Street                        |   | <u></u>             | 7                           |
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| CHECK HERE IF YOU ARE A P             | AID SPEAKER AND PROVIDE CLIENT INFO   | RMATION BELC        | ow:                         |
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| I wish to speak before the           |   |                        |  |
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| CHECK HERE IF YOU ARE A              | PAID SPEAKER AND PROVIDE CLIENT INF   | ORMATION BELOW         | V:   |
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| Please see reverse of card for       | or important information and submit this entire car   | d to the presiding off | icer or chairperson.   |