CITY OF LOS ANGELES SPEAKER CARD (4-0366-55

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 11/20/17	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Cor	governmental nmittee or Council	Relations
	ublic comment, or to speak for or agains		da? () For proposal () Against proposal () General comments
Business or Organization Affiliation	n: Children's Defe	inse Fund-	- California
Address: 634 S - 5	pring st. Los An	zeles State	900 LY Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD 14-0366-55

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11 /2 = 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
Their to opean pereit are	of City Agency, Department, Committee or C	Council	
Do you wish to provide general public con Name: Brian Ross	mment, or to speak for or against a proposa	I on the agenda	? () For proposal () Against proposal () General comments
Business or Organization Affiliation:	#275 Encino CA 91436	.,	D
Street Business phone: \$18825 6286	Representing: /n Justy Client	State	Zip
CHECK HERE IF YOU ARE A PAID S	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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Date 11/20/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
P	Name of City Agency, Department, Committ	ee or Council	0366-55
Do you wish to provide general pub	olic comment, or to speak for or against a pr	roposal on the agenda	? For proposal Ane
Name: SARRY A	RMSTRONG		() Against proposal () General comments
Business or Organization Affiliation;	Americans for	Sofe K	access
Address:Street	City	State	Zip
Business phone 805 279 8		State	Σip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	ow:
Client Name:		P	Phone #:
Client Address:			
Street	City	State	Zip

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Date 11/20/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Rules Election & Intergovernment Name of City Agency, Department, Committee	or Council
Do you wish to provide gene Name: Refuel Bene	ral public comment, or to speak for or against a propo	osal on the agenda? () For proposal () Against proposal General comments
Business or Organization Affi	iliation: Hobson Bernardina & Da	u3, LLP
Address: 444	S. Flore St, Sx 3100 CA Co	90671 State Zip
Business phone: 213-231	1-9197 Representing: New Self	F Zip
	RE A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

1

Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
11/20/2017	DECORUM WILL BE ENFORCED.	14-0366-S5
I wish to speak before the	Council	
	Name of City Agency, Department, Committee	or Council
Do you wish to provide general	public comment, or to speak for or against a propo	osal on the agenda? () For proposal
Name: DANA (15)	neros, Esq.	() Against proposal () General comments
Business or Organization Affiliat	tion: The Cannabis Corpor	ate Law Firm
Address: 8175 E	City /	/ State Zin
Business phone: 714)440	1-9045 Representing: Cannabis inc	justing stakeholders.
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
11-20-17	DECORUM WILL BE ENFORCED.	1 ten	1#/
I wish to speak before the	Vingel Grant	19-	0366-55
	Name of City Agency, Department, Committee of	or Council	
	public comment, or to speak for or against a propo	sal on the agenda	? () For proposal () Against proposal (i) General comments
Name:	1 0 0 0		- (/) deficial comments
Business or Organization Affilia	tion: (M/4 9 5CC)		
Address: ///////// Street	W Certing Blud PH	State	90047
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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Date 11-20-17	THE CITY COUNCIL'S RULI DECORUM WILL BE ENFOR	1	e No., Agenda Item, or Case No.
I wish to speak before the	The Councy - Name of City Agency, Department,	Committee or Council	14-0366-55
Do you wish to provide general p	oublic comment, or to speak for or aga	ainst a proposal on the age	nda? () For proposal () Against proposal
Name: Donnie Ande	rear		() General comments
Business or Organization Affiliati		rinority Allia	nce
Address: 2729	, Λ	CA	90043
Street Business phone: 2,13	Representing: City	State	Zip *
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE (CLIENT INFORMATION B	ELOW:
Client Name:			_ Phone #:
Client Address:	City	State	Zip

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	1/2 1/0	& Comment	00	
Date	THE CITY	COUNCIL'S RULES OF	Council File No.	Agenda Item, or Case No.
11-20-17	DECORUM	I WILL BE ENFORCED.	Item :	#/
I wish to speak before	the 11/1/1 Ro	binson	14-0	366-55
	1/2 :	ncy, Department, Committe		
	e general public comment, or t	o speak for or against a pro	posal on the agenda?	() For proposal () Against proposal (/) General comments
Name:		1 0 1 1 2		(Dederieral comments
Business or Organizat	ion Affiliation: CMD	& California	Minonity 1	Allicaree
Address:	445 W Certy	3 Blud	State	90047 Zip
Business phone:	Repres	enting:		
CHECK HERE IF YO	DU ARE A PAID SPEAKER	AND PROVIDE CLIENT I	NFORMATION BELO	W:
Client Name:			PI	none #:
Client Address:				
S	treet	City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item,	of Case No.
11/20/17	DECORUM WILL BE ENFORCED.	#1,14-0366-55	(1
I wish to speak before the Rule	Name of City Agency, Department, Committee		mindles
Do you wish to provide general pe	ublic comment, or to speak for or against a pro		
Name: NANCY WOO	DRUFF		st proposal al comments
Business or Organization Affiliatio	n: FOOTHILL TRAILS DISTRICT	Voichborhood Cor	sucis
	INA CANYON ROAD SUN VE		
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:	
Client Name:		Phone #:	
Client Address:			
Street	City	State Zip	

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
11-20-17	DECORUM WILL BE ENFORCED.	1
I wish to speak before the	Name of City Agency, Department Committee of	14-0366-55 or Council
Do you wish to provide general p	public comment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: CITTON	Albright.	() Against proposal () General comments
Business or Organization Affiliation Address: 888 Street		State Zip
Agran Commercial Comme	3 + (7 0 Nepresenting:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 11/20/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Rules Care		-0366-55
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	osal on the agenda	? K) For proposal
Name: TY20NE	PREEman, Br. Dn		() Against proposal () General comments
	on: CALIFORNIA MINORY		
Address: 1445 h	1. Centry LA	CA	90008
Business phone: Ostreet	-8321 Representing: Cra	State	Zip
	PAID SPEAKER AND PROVIDE CLIENT IN		
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date 1//4/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. 14 - 0366	Agenda Item, or Case No.
I wish to speak before the REG Name	Convittee of City Agency, Department, Committee	ee or Council	
Do you wish to provide general public co		oposal on the agenda	? () For proposal () Against proposal General comments
Business or Organization Affiliation:	hernis Law Group F.	C.	
Address: 2425 Olympic Street			90409
Street Business phone: (30)566-4388	City Representing:	State	Zip
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT II	NFORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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Date 1/20/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. #1, 14-0366-55
I wish to speak before theR	Name of City Agency, Department, Committee	or Council
Do you wish to provide general p	oublic comment, or to speak for or against a prop	osal on the agenda? () For proposal
Name: GINA (CRUZ	() Against proposal (X) General comments
Business or Organization Affiliati	on: CD7 HOMEOWNER	_
Address: 11483 Pu	JGGIERO AVE. LAKE	State Zip 21392
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

CITY OF LOS ANGELES SPEAKER CARD 14-0366-55

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Date /1/20/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	ame of City Agency, Department, Committee or	mittee r Council
Name: Seamus C	Sarity, Assemblymen bec Assemblymen bec	Friedings (Deneral comments
Street Business phone: 8/8-958-7-9-5	Representing: AD 43	State Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 11-20-17	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 Committees	14-0366-SS
Do you wish to provide general pu	Name of City Agency, Department, Committee of ublic comment, or to speak for or against a proposition	sal on the agenda? () For proposal
Name: Watter	Edwards	() Against proposal () General comments
Business or Organization Affiliatio	n: Caltonia Minority	Milance
Address: 10/53 Kg	Verside De A Valuca	LAKE CA 91602
Business phone: 213-	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 11 - 20 - 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Council - Rules	14-0366-55
	Name of City Agency, Department Committee	or Council
Do you wish to provide general p	public comment, or to speak for or against a pro U/CS	posal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliati	ion: California Minority	Miance
Address: 10105 MI	14500 PZ Tolury	State Zip
Business phone: 010 - 1099	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

CITY OF LOS ANGELES SPEAKER CARD 14-0366-55

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YOU THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON

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Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda item, or Case No.
	DECORUM WILL BE ENFORCED		
I wish to speak before the	Pule 5		
	Name of City Agency, Department, Comm	nittee 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
Name:		A M) General comments
		VALLE	
Business or Organization Affilial	tion:		
Address		7 7 7	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELO	ow:
Client Name:		150	hone #:
Client Address:			
Street	Qity	State	Zip

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Date 1 / 20/17	THE CITY COUNCIL' DECORUM WILL BE		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Reio			366-55
	Name of City Agency, Depart	tment, Committee o	r Council	
Do you wish to provide general p	oublic comment, or to speak fo	r or against a propos	sal on the agenda?	(×) For proposal
Name: Tomer G	rassiany			Against proposal General comments
Business or Organization Affiliati	on: SCC			
Address: 131 / C)	Cost L	A		
Street	Cit	У	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PRO	VIDE CLIENT INFO	ORMATION BELOW	v:
Client Name:			Pho	one #:
Client Address:				
Street	Cit	У	State	Zip

14-0366-55

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	1/21/10	Committee	2	
Date	THE CITY COUNC	CIL'S RULES OF	Council File No., Ager	nda Item, or Case No.
11/19/17	DECORUM WILL	BE ENFORCED.	1	
	C+ De	\	^ \\.	
I wish to speak before the	alg 1 1/100ce	y report on	Chronorbe)
	Name of City Agency, De	patiment, Committee or (Council	
Do you wish to provide general p	public comment, or to speak	for or against a proposa	on the agenda? (For proposal Against proposal General comments
Name:	1 0 0			
Business or Organization Affiliati	on: Nohl	`		
Address: Street	Aur 47	City	900 State	4 2
Business phone: 323 25	52 7850 Representing:	City	State	21p
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	RMATION BELOW:	
Client Name:			Phone	#:
Client Address:				
Street		City	State	Zin

CITY OF LOS ANGELES SPEAKER CARD (4-6366-85

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Date 11.20.17	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	.20 01	ncil File No., Age	enda Item, or Case No.
I wish to speak before the	Pules Committe Name of City Agency, Department,		our 9.	
Do you wish to provide general pu	ublic comment, or to speak for or ag	ainst a proposal on the	agenda? () For proposal
Name: JQZ	min Aguiar		~) Against proposal General comments
Business or Organization Affiliation	n: The Working	GROUP.		
Address: 312 W 5th S	t Los An	gells	CA	90003
Business phone: 213.326.3	106 Representing:		GROUP	Zip
	PAID SPEAKER AND PROVIDE	CLIENT INFORMATIO	N BELOW:	
Client Name:			Phone	e #:
Client Address:				
Street	City	St	tate	Zip

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JAMES TO SECOND STREET		THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	N	genda Item, or Case No.
I wish to speak before		EIG Committee	/ (366-55
	1	Name of City Agency, Department, Committee	or Council	
Name: Da	niel S	olic comment, or to speak for or against a prop		For proposal Against proposal General comments
Addross:				
Address:	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	OU ARE A P	PAID SPEAKER AND PROVIDE CLIENT IN		/:
Client Address:	Street	City	State	Zip

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Date 11-20-17	THE CITY COUN DECORUM WILL		Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Do	epartment, Committee or	Council	1-0366-55
Do you wish to provide gener	al public comment, or to spea	k for or against a proposa	al on the agenda	
Name: DAUID A	Slocum			() Against proposal General comments
Business or Organization Affil	iation: Mother WAte	LDES Remedy		
Address: 22 8/5	Ventura BlVd	Wood And Hills	CA State	91364 Zip
Business phone: 818-345	Representing:	-		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND F	PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:				Phone #:
Client Address:		O't-	01-1-	7
Street		City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD 14-0366-55

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Date 1\ \D / 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Rules Election Name of City Agency, Department, Committee	or Council
Do you wish to provide general Name: Business or Organization Affilia	A. O. A.	osal on the agenda? () For proposal () Against proposal () General comments
	alion.	
Address:Street	City	State Zip
Business phone:	Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT IN	
Olletti Name.		Thore #.
Client Address:	City	State Zip

CITY OF LOS ANGELES SPEAKER CARD 14-0366-55

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EXCEPTION	E EXTENT NEOLOGARTITOR THE	FILESIDING OFFICER TO	CALL OF ON 100	
Date 11-20-2017	THE CITY COUNCIL'S RIDECORUM WILL BE ENF	OLLO OI	ncil File No. Agenda Item, or C	Case No.
I wish to speak before the	RULES - ELECT Name of City Agency, Department			RSLATIO
Do you wish to provide general pu	ablic comment, or to speak for or	against a proposal on the	e agenda? () For propos () Against pr	sal
Name:M\K	E O' GARA		(×) General co	
Business or Organization Affiliation	n: Sun Valley AREA	A NEIPH boRlow	d Council	
Address: 930 CA	YUGA AUE SUN	Valley CA	91352	
Business phone: 818-624-	6718 Representing: Sub	J VALLEY AREA	tate Zip NSIGHBORTED	COUNCIL
CHECK HERE IF YOU ARE A				
Client Name:			Phone #:	
Client Address:	City	S	tate Zip	

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11-20-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	Council File No., Agenda Item, or Case No.	
I wish to speak before the R	Name of City Agency, Department, Committee	OF Council	ENTAL RECATIONS	
Do you wish to provide general p	public comment, or to speak for or against a propo	osal on the agend		
Name: STEVEN K.	Lubell		() Against proposal (≺) General comments	
Business or Organization Affiliati	on:			
Address: 2029 VERO	0060 Montrose	CA	91020	
Business phone: \$189371216	Representing: STEVENK, Le	Sell State	Zip	
	A PAID SPEAKER AND PROVIDE CLIENT INF		Low:	
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	

CITY OF LOS ANGELES SPEAKER CARD 14-0366-85
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. 1,293
wish to speak before the
Name of City Agency, Department, Committee or Council
o you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () General comments usiness or Organization Affiliation:
ddress:
usiness phone: 8/8.832.2130Representing: WATTS Community
HECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
lient Name: Phone #:
lient Address:

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

City

Street

Zip

State