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Date- 3/9/ 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No. - 0366-551
I wish to speak before the	RETGN CoryMittee  Name of City Agency, Department, Committee or	r Council	
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agend	la? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation	on: Drug Policy All	liance	
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEI	LOW:
Client Name:		_111	Phone #:
Client Address:Street	City	State	Zip

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EXCEPTION	THE EXTENT NECESSART FOR THE PRESIDING OFF	ICENTO CALE OF ON TOO
Date 3/8/17  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
	Name of City Agency, Department, Committee of	or Council
Name: Atrick  Business or Organization Affiliation  Address: 36380 BAN  Street  Business phone: 408 456	public comment, or to speak for or against a propo MCMAHON ion: P+S Ventures LLC VKSIDE DR CAthedral C City  A PAID SPEAKER AND PROVIDE CLIENT INFO	(1) Against proposal (2) General comments (1) The OG Collective (3) Against proposal (4) General comments (4) General comments (5) Force
Client Name:		Phone #:
Client Address:Street	City	State Zip

# (

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Date 3-9-17	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, Committee or	Council
Do you wish to provide general	public comment, or to speak for or against a propos	
Name: MARilys	I Walcher	( ) Against proposal ( ) General comments
Business or Organization Affiliat	ion:	A
Address: // / Street	V. Wilton D. #411 Ju	State Ca GOOZS
Business phone: 393-9°	39-1//Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 3/8/17	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, Commit	ttee or Council
	public comment, or to speak for or against a possible comment.  Meguppicin  jon: Southern Call.	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Address:Street	Z-1079Representing:	State Zip
Business phone: (323)57	2-10+ 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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Date 3/8/2017  I wish to speak before the	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No.	, Agenda Item, or Case No.
T WIGHT to opean boleto the	Name of City Agency, Departs	ment, Committee or	Council	
Do you wish to provide general put Name:	filsabeck			<ul><li>( ) Against proposal</li><li>( ) General comments</li></ul>
Business or Organization Affiliation	: Quality Co	ncentrates		
Street  Business phone:	City  Representing:		State	Zip
CHECK HERE IF YOU ARE A F			RMATION BELO	w:
Client Name:			PI	hone #:
Client Address:Street	City		State	Zip

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3 8 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	or Council
Name: JUDY	public comment, or to speak for or against a proportion:	( ) Against proposal General comments
Address:Street	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	

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Date 3/8/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No.
wish to speak before the	EIGN Comm. Hee		
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general provide: フッペート・ナー	ublic comment, or to speak for or against a propo	osal on the agen	da? ( ) For proposal ( ) Against proposal ( > ) General comments
Business or Organization Affiliatio			900311
Address: 9130 W. 29	St LA City	State	900 34 Zip
	Representing:	- Otato	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip



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Date = -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, Committee of	r Council
Name: Eva F. }	public comment, or to speak for or against a proposition: Responsible on Sunte	( ) Against proposal ( ) General comments
Address: 1432 W. I.	- Westmont Communi	ty Task force
Street  Business phone: 323-30	5-1956 Representing: Southwast	Los Angeles
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 3/8/n	Name of City Agency, Department, Committee o		Agenda Item, or Case No.
Do you wish to provide genera	al public comment, or to speak for or against a propos	sal on the agenda?	( ) For proposal
Name:	Jay HANTA (		( ) Against proposal General comments
Business or Organization Affilia	ation:	/	
Address:Street			
	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Pr	none #:
Client Address:			
Street	City	State	Zip

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Date 3/8/17	THE CITY COUNCI		Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Ruits Name of City Agency, Dep	COMMITTEE Partment, Committee or Co	uncil	
Do you wish to provide ge	eneral public comment, or to speak	for or against a proposal o	n the agenda	? ( ) For proposal
Name:	15A SARKIN			( ) Against proposal ( ) General comments
Business or Organization	Affiliation:			
Address:Street	Representing:	STUDIO CAY	CA	91604 Zip
Business phone:	Representing:	Suf		
	ARE A PAID SPEAKER AND PR	~		
Client Name:			P	hone #:
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.
3 8 2018	DECORUM	I WILL BE ENFORCED.		
I wish to speak hefore the	Special Mestin	Rober Frehman No	ich backer Con	m rece
r wish to speak before the _	Name of City Age	ncy, Department, Committee of	or Council	
Do you wish to provide generated Name: $H_{c_1} / L_{c_2}$		o speak for or against a propo	sal on the agenda	? ( ) For proposal ( ) Against proposal General comments
Business or Organization Aff	filiation: Leaf of	Life Wellness 1	ni Brands	
Address: S250 La	in kerslim	No Hellyand	CA	9/607 Zip
Business phone: Street	764-5605 Represe	City City	State	Zip
		AND PROVIDE CLIENT INF		
Client Name:	·		P	hone #:
Client Address:				
Street		City	State	Zip

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Date 3   8   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, Committee	e or Council
Do you wish to provide general power and power and power and the second power and powe	oublic comment, or to speak for or against a pro	posal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Street	City	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Address:Street	City	State Zip

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Date 3/08/17  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee of City Agency, City Ag		, Agenda Item, or Case No.
Name: Lukas	oublic comment, or to speak for or against a propo		? ( ) For proposal ( ) Against proposal ( ) General comments
Address:Street	O'h.	Chala	7
3.1331	City  Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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Date 3 8 17  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  me of City Agency, Department, Committee or	Council File No., Agenda Item, or Case No.
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agenda? ( ) For proposal
Name:	Joreen McClendon	( ) Against proposal ( ) General comments
	Concerned Citizen	of So Central LA
Address: 4707 5 (	Entral Are LA	9004
Business phone: 3238462	City  Representing:	State Zip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 3/8/17  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  A City Council  Name of City Agency, Department, Committee	<i></i>	o., Agenda Item, or Case No.
Name: 4VeHz  Business or Organization Affiliation	Sanford on:  7. Trilogy		a? ( ) For proposal ( ) Against proposal ( ) General comments
Street	70.968 Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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Date 2/12/	THE CITY COUNCIL'S RULES OF	Council File No., Age	nda Item, or Case No.
3/1///	DECORUM WILL BE ENFORCED.		
I wish to speak before the	Name of City Agency, Department, Committee or		
Do you wish to provide general pub	lic comment, or to speak for or against a propos	al on the agenda?	) For proposal
Name: Sherri	Russ Klin	(	) Against proposal ) General comments
Business or Organization Affiliation:	CANNABID OF LA	INCU bA	top
	Central Ave		90015 Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:	
Client Name:		Phone	#:
Client Address:			
Street	City	State	Zip

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		10 0111021110 01122 0	
Date 3-8-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council	
	public comment, or to speak for or against a		da? ( ) For proposal
Name: MSTY W	ILKS		( ) Against proposal     ( ) General comments
Business or Organization Affiliation	on:		
Address: 38/8 CREP	NSHAW BLUD L.A.	State	9000 E) Zip
Business phone: 3235404	1633 Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip