



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 6/04/13.

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Matters NOT Listed on the Agenda

Agenda Item No: 2

Subject: _____

Subject: DISPENSARY LOCATION.

In Favor

Oppose

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes. This form is subject to disclosure under the California Public Record Request Act.

Name: MAX DEL REAL Address: _____

Organization/Business Name: CA CAPITOL SOLUTIONS LLC

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

NOTICE TO LOBBYISTS: In compliance with City Code Section 2.15.150 you **MUST** identify yourself as a lobbyist and also verbally identify the client(s), business or organization you are representing.

I am a Registered Lobbyist

Unregistered Lobbyist and I represent:



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 06/24/2012

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: 2

Subject: Cannabis

Dispensary Vote

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes. This form is subject to disclosure under the California Public Record Request Act.

Name: Ron Mullins Address: 3091 V St Sac

Organization/Business Name: Sac N.O.R.M.L

Council District No.: 2

Not a City Resident

Phone: (916) 247-8119

Email: newavalon@hotmail.com

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City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 6/4/13

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: 2

Subject: lab Testing
Cannabis

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

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Name: Jeffrey Hatley Address: 7501 Stearman Wy

Organization/Business Name: Sequoia Analytical Labs

Council District No.: _____

Not a City Resident

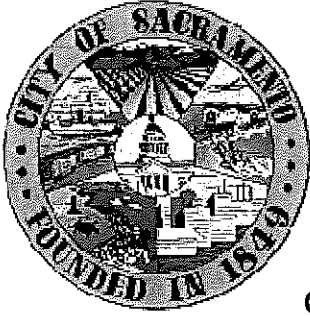
Phone: (916) 747-4009

Email: jeff.hatley@sequoia-labs.com

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City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 06042013

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

<input type="checkbox"/> Matters LISTED on the Agenda Agenda Item No: <u>2</u> Subject: <u>MMS Disp.</u> <input type="checkbox"/> In Favor <input type="checkbox"/> Oppose	<input type="checkbox"/> Matters NOT Listed on the Agenda Subject: _____ _____ _____ _____
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Personal Information:

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Name: Richard Miller Address: 318 V St

Organization/Business Name: CPR / HELPR

Council District No.: 2 Not a City Resident

Phone: (916) 5747-7960 Email: _____

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I am a Registered Lobbyist Unregistered Lobbyist and I represent:



City of Sacramento

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REQUEST TO SPEAK

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MEETING DATE: 6/4/2013

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: 2

Subject: Medical Marijuana
Collectives

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

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Name: Kimberly Cargile Address: PO BOX 1162607, Sac 95816

Organization/Business Name: Safe Access Sacramento, A Therapeutic Alternative

Council District No.: 4

Not a City Resident

Phone: (707) 616-7198

Email: _____

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City of Sacramento

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REQUEST TO SPEAK

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MEETING DATE: _____

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Matters LISTED on the Agenda

Agenda Item No: 2

Subject: _____

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

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Name: Lanette Davies Address: _____

Organization/Business Name: Crusaders for Patients Rights

Council District No.: 2

Not a City Resident

Phone: () _____

Email: _____

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LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: June 5th, 2013

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Matters NOT Listed on the Agenda

Agenda Item No: 2

Subject: _____

Subject: Medical Marijuana

In Favor

Oppose

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes. This form is subject to disclosure under the California Public Record Request Act.

Name: Sherry Martinez Address: 2890 Perkiel St.

Organization/Business Name: _____

Council District No.: 2

Not a City Resident

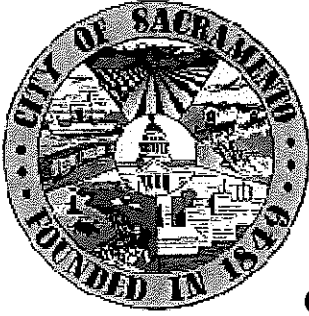
Phone: (916) 429-5745

Email: sherry32@no.yahoo.com

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LEGISLATIVE BODIES

REQUEST TO SPEAK

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MEETING DATE: 6-4-13

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: 2

Subject: _____

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

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Name: RON EMSLIE Address: _____

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (_____) _____

Email: _____

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REQUEST TO SPEAK

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MEETING DATE: June 4th 2013

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: 2

Subject: Medical Cannabis

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes. This form is subject to disclosure under the California Public Record Request Act.

Name: Tracie Rice Bailey Address: _____

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: tricesae@yeh.com

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