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Welcome Veteran's & Legal Affairs!

I am so blessed & so glad to have the privilege to speak for today <u>against</u> LD 2185! <u>Listen</u> <u>carefully please!</u> Heres a breakdown of what you are holding:

Section 1 Why LD 2185 is a threat to patients and small caregivers	1-10
Section 2 A Timeline on HOW we got here	11-14
Section 3 An Independent 3rd Party Survey (other than the states)	15-165

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Please Vote "Ought not to pass" to LD 2185

Bill "Resolve, Regarding Legislative Review of Chapter 2: Medical Use of Cannabis Program Rule, a Major Substantive Rule of The Department of Admin. And Financial Services, Office of Cannabis Policy" (HP1399)

07 February 2024

Concerns for Patients:

One thing for patients to remember: any proposed rule that affects the caregivers <u>does</u> <u>directly or indirectly impact their medicine</u>. Some issues will repeat between both concerns.

1. <u>Page 2</u> Purpose: "...The Department is responsible for administering the MMCP to ensure qualifying patients' access to safe cannabis for medical use in the State of Maine." What is the definition of "safe cannabis?" No definition in rules.

2. <u>Page 9</u>- § 3 – Cultivation of Cannabis for Medical Use (1): <u>All cultivation of</u> <u>cannabis for medical use must comply with this rule and the Act</u>. A person authorized to cultivate cannabis for medical use is restricted to cultivating in an enclosed, locked facility or area on property that is owned or under the control of the registered caregiver or registered dispensary, subject to the limitations below.

(We were told back in October this was a clerical error (for patients), but here it is!)

3. <u>Page 10</u>- (A) Fence: An enclosed outdoor cultivation area must have a permanently installed, tamper-resistant, commercial or security-grade fence in good repair that is at least six feet high, obscuring the view of the cannabis, deterring theft, and preventing access by unauthorized persons.

Financial Burden on Patients:

1

The installation of a commercial or security-grade fence can be expensive. Patients who wish to cultivate cannabis for personal medical use may find the cost of compliance with these fencing requirements to be a significant financial burden.

Accessibility Challenges:

The specified fence requirements may pose physical challenges for patients with disabilities, limiting their ability to engage in home cultivation.

Privacy Concerns:

The requirement for a fence that obscures the view of the cannabis may infringe on patients' privacy, impacting their enjoyment of their property and the right to cultivate cannabis discreetly.

Deterrence to Home Cultivation:

The stringent fence requirements may discourage patients from exercising their right to home cultivation altogether.

Legal Implications for Non-Compliance:

Patients who are unable or unwilling to comply with the specified fencing requirements may face legal consequences, further limiting their ability to freely exercise their right to cultivate cannabis at home.

Stigmatization of Home Cultivation:

The visible and security-focused nature of the required fence may contribute to the stigmatization of home cultivation.

Regulatory Barriers for Small-Scale Cultivators:

Small-scale cultivators, especially those who are patients cultivating for personal medical use, may face challenges complying with commercial or security-grade fencing requirements, creating regulatory barriers.

4. Page 10- (B) Locks: Enclosed, locked facilities and enclosed outdoor areas must have <u>commercial-grade</u> locks sufficient to prevent theft and unauthorized entrance.

Why do patients in their own homes have to have commercial-grade locks?

5. Page 26 (current statue, but if they are rewriting them, this should be removed): (2) Voluntary patient application for a registry identification card. A qualifying patient may voluntarily register with the Department to secure a registry identification card for the lawful medical use of cannabis by submitting a completed Department-approved Patient Voluntary Registration Application form with required documentation. There is no fee for a qualifying patient who voluntarily registers with the Department. A criminal history record check is not required before issuing a patient a registry identification card. The Department shall issue a registry identification card to a patient who submits a completed application in accordance with 22 M.R.S. §2425 (1), and the application shall include, at a minimum, the following information:

We were told during the Medical Subcommittee not one patient ever did this, so why are we adding them in the "new" rules.

Concerns for Small Farmers:

1.Page 10- (A) Fence: An enclosed outdoor cultivation area must have a permanently installed, tamper-resistant, commercial or security-grade fence in good repair that is at

least six feet high, obscuring the view of the cannabis, deterring theft, and preventing access to the cultivation area by unauthorized persons.

Small farmers may face financial challenges in installing and maintaining a commercial or security-grade fence, as these can be costly.

2. **Page 15**- (6) Separate locations within a building: Caregivers are prohibited from participating in a collective as defined in 22 M.R.S. §2422 (1-A). A collective does not include caregivers who rent separate, self-contained, locked, and secured locations within a building pursuant to this rule and the Act. Separate, self-contained, locked, and secured areas are enclosed on all sides and function independently.

Operational Costs:

Small farmers might find it financially challenging to rent separate, self-contained, locked, and secured locations within a building. This could add significant operational costs to their business.

Resource Limitations:

Small farmers often have limited resources compared to larger operations. The need to maintain separate locations with specific security features may strain their resources and hinder their ability to compete in the market.

Reduced Collaboration:

The prohibition on participating in a collective may limit the ability of small farmers to collaborate and share resources, hindering knowledge exchange, joint purchases, or cooperative efforts.

Compliance Challenges:

Ensuring compliance with the requirements for separate, self-contained, locked, and secured locations may be more challenging for smaller operations with limited staff and financial resources, potentially leading to regulatory issues.

Competitive Disadvantage:

Large-scale operations with more financial resources may find it easier to comply with these separate location requirements, creating a competitive disadvantage for small farmers who may struggle to meet the same standards.

3. **Page 17**- (7) Quality control: To ensure the safety of qualifying patients, the registered dispensary shall provide samples to the Department upon request during announced and unannounced inspections for product quality control.

Inconsistent Lab Testing:

If there are inconsistencies or variations in lab testing results, small farmers may face challenges in meeting the required quality standards.

Access to Testing Facilities:

Small farmers, especially those located in remote areas, may have limited access to reliable testing facilities, making it difficult for them to comply with the regulatory requirement.

Regulatory Compliance:

Inconsistencies in lab testing could lead to difficulties in regulatory compliance, challenging small farmers to navigate the regulatory landscape and meet the required quality standards.

Competitive Disadvantage:

The burden of frequent lab testing might disproportionately affect small farmers compared to larger, well-funded operations, creating a competitive disadvantage for them.

4. **Page 28**- (2) Neither a registrant, nor an authorized agent of a registrant, may make any gift of medical cannabis plants, medical cannabis, or medical cannabis products to an individual who is not authorized to possess medical cannabis in accordance with the rules governing the medical cannabis program and the Act.

If the person is over 21, a medical caregiver should be able to gift to anyone they want of age, even if they aren't patients yet. For example, maybe a person is consulting with a caregiver, and that person is not a patient yet because they don't know if medical cannabis is right for them.

5. **Page 30**- (B) Requirements applicable to registered caregivers: In addition to the requirements applicable to all registrants, all registered caregivers: (3) Shall not form or engage in a collective prohibited by the rules governing the medical cannabis program and the Act.

Operational Costs:

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Resource Limitations:

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Large-scale operations with more financial resources may find it easier to comply with these separate location requirements, creating a competitive disadvantage for small farmers who may struggle to meet the same standards.

6. **Page 30**- (*C*) Requirements applicable to registered caregivers operating a caregiver retail store: In addition to the requirements applicable to all registrants and all registered caregivers, a registered caregiver who operates a retail store: (1) Shall obtain municipal approval from the municipality where the caregiver retail store is located; (3) Shall employ the same required security measures applicable to registered dispensaries in accordance with § 7(11) of this rule.

Meeting municipal approval requirements and implementing security measures involve significant costs. Small farmers may face financial constraints in adhering to these standards, potentially creating barriers to entry or expansion for them in the medical cannabis market.

Why does something with an unlimited canopy license need the same security measures as a limited canopy caregiver operator?

7. **Page 34**- (4) Emergency Suspension or Revocation: The Department may immediately suspend or revoke a registry identification card or registration certificate on an emergency basis when the Department determines that due to the conduct of the registrant, the health or safety of a person or the public is in immediate jeopardy; or an inspection reveals the regular course of action would not adequately protect public

health or safety. In accordance with 5 M.R.S. §§ 10004(3) and (4), such suspension may not exceed 30 days. A threat to public health and safety includes but is not limited to making available to patients or registrants product containing an unsafe level of a contaminant or pesticide.

While no one OBVIOUSLY wants to smoke pesticides, the "but is not limited to" is CRUCIAL wording. This is just the first example they could think of, but if they think you are a threat to the public, they can immediately take your license.

8. **Page 35-37**- (2) Major registration violation (a) A major violation is an intentional, willful, or reckless violation of the rules governing the medical cannabis program, the Act, or any terms or condition

Examples of "major violations" that threaten small farmers:

(iii) Engaging in marketing or advertising of cannabis or cannabis products, by or on behalf of a registrant, to individuals under the age of 21 years of age or individuals who are not qualifying patients;

(v) On more than one occasion, failing to verify the credentials of any qualifying patient obtaining cannabis or cannabis products for medical use through retail sale or gift

(viii) Conducting any authorized activity at a location not provided to, and approved by, the Department;

(xii) Engaging in a pattern of minor license violations;

(xiii) Making claims about the health or physical benefits of cannabis or cannabis products for medical use;

(xvi) Other conduct that demonstrates an intentional, willful, or reckless disregard for the rules governing the medical cannabis program or the Act.

Examples of "minor violations" that threaten small farmers:

(iii) Engaging in unsolicited advertising or marketing on the Internet, including without limitation, the use of banner advertisements on mass-market websites;

(v) Engaging in advertising or marketing directed toward location-based devices unless such marketing includes a permanent and easy opt-out feature and the owner of the device is 21 years of age or older;

(vi) Placing signs, advertising or marketing materials within 1,000 feet of the property line of a preexisting public or private school, except that, if a municipality chooses to prohibit the placement or use of signs or advertising by or on behalf of a registrant at distances greater than or less than 1,000 feet but not less than 500 feet from the property line of a preexisting public or private school, that greater or lesser distance applies;

(viii) Engaging in advertising or marketing that has a high likelihood of reaching persons under 21 years of age or that is specifically designed to appeal particularly to persons under 21 years of age;*

9. Page 37- 38 (C) Fines (1) Fines applicable to registered caregivers who operate a caregiver retail store, registered dispensaries, registered cannabis testing facilities, registered manufacturing facilities and individuals engaged in extraction using inherently hazardous substances. In addition to any of the administrative remedies indicated above, the Department may assess the fine in response to a finding by the Department that a registrant, PROVISIONALLY ADOPTED RULE SUBJECT TO LEGISLATIVE REVIEW AND APPROVAL 18-691 CMR Ch. 2 38 except a registered caregiver who does not operate a retail store, has violated the rules governing the medical cannabis program or the Act. The Department may assess fines in accordance with this section for each violation identified by the Department, including incidents that result in the finding of multiple violations of the rules governing the medical cannabis program and the Act. (a) For each major registration violation affecting public safety, a fine not to exceed \$7,500 may be imposed; (b) For each major registration violation, a fine not to exceed \$3,000 may be imposed; and (c) For each minor registration violation, a fine not to exceed \$1,000 may be imposed. (2) Fines applicable to registered caregivers who do not operate a caregiver retail store and authorized agents of registrants. In addition to any of the administrative remedies indicated above, the Department may assess the fine in response to a finding by the

Department that a registered caregiver who does not operate a retail store, or an authorized agent of a registrant, has violated the rules governing the medical cannabis program or the Act. The Department may assess fines in accordance with this section for each violation identified by the Department, including incidents that result in the finding of multiple violations of the rules governing the medical cannabis program and the Act. (a)

For each major registration violation affecting public safety, a fine not to exceed \$1,500 may be imposed; (b) For each major registration violation, a fine not to exceed \$600 may be imposed; and (c) For each minor registration violation, a fine not to exceed \$200 may be imposed

*Fines speak for themselves. No matter the dollar amount, it's an easy way to nickel and dime the remaining caregivers and small businesses out of operation. Remember, even a pattern of minor violations can lead to a major violation, which can get your license revoked.

<u>Timeline/ How & Why We Got into this toxic relationship with</u> <u>Metrc, LLC:</u>

(Timeline with live links available upon request)

 1/5/2017 - Andrew Freedman resigns as Colorado's Director of Marijuana Coordination
 Andrew Freedman Leaving Post as Colorado's Director of Marijuana

Coordination | Westword

- 1/5/2017 Andrew Freedman, Lewis Koski and John Hudak form cannabis consultant group, Freedman & Koski
 <u>Andrew Freedman Leaving Post as Colorado's Director of Marijuana</u> <u>Coordination | Westword</u>
 <u>Microsoft Word - 07192017 Freedman & Koski, Inc. Maine RFI</u> <u>Response.docx</u> (see page 3 for summary of current OCP director's role in Freedman & Koski.
 <u>20170620 john hudakcv.pdf (brookings.edu)</u> (see employment for Hudak here as well)
- 1/9/2017 Lewis Koski resigns as senior director of enforcement for the Colorado Revenue Department

<u>Colorado marijuana czar and fellow top regulator make leap into</u> <u>consulting (thecannabist.co)</u>

- 7/17/2017 Maine DAFS & DACF posts RFI for Rule-Making for Adult-Use Marijuana Policy Implementation <u>http://www.maine.gov/tools/whatsnew/attach.php?id=761441&an=1</u>
- 7/31/2017 Freedman & Koski submit RFI to Maine (Hudak is currently working with F&K)
 <u>Microsoft Word - 07192017 Freedman & Koski, Inc. Maine RFI</u> <u>Response.docx</u>
- 10/25/2018 Maine DAFS signs agreement with Freedman & Koski to consult for emergency legislation LD238
 <u>DW2.pdf</u> (970K)
- 1/22/2019 Maine DAFS signs agreement with METRC, LLC for Marijuana Inventory Control Tracking System RFP 08 1600000039-02 with contract ending in 1-31-2022 Contract is for \$224,286.12

- 1/26/2019 Maine DAFS posts RFP for Consultant Services for Rulemaking pursuant to L.D. 1719 and L.D. 1539 <u>https://www.maine.gov/tools/whatsnew/attach.php?id=1029100&an=1</u>
- **2/14/2019** RFP for Consultant Services for Rulemaking pursuant to L.D. 1719 and L.D. 1539 awarded to Freedman & Koski <u>https://www.maine.gov/tools/whatsnew/attach.php?id=1029100&an=5</u>
- 3/1/2019 Lewis Koski joins METRC as COO and will become CSO (current role)
 Lewis Koski - Metrc
- 3/16/2019 Maine DAFS posts RFP for Marijuana Seed-To-Sale Tracking System (METRC, LLC submits a proposal) <u>https://www.maine.gov/tools/whatsnew/attach.php?id=1164208&an=1</u>
- 4/10/2019 201903049 awarded to Bio-Tech Medical Software, Inc. dba BioTrackTHC <u>https://www.maine.gov/tools/whatsnew/attach.php?id=1164208&an=5</u>
- 12/27/2019 DAFS announces that it is mutually terminating contract with BioTrackTHC and announces it will sign new deal with METRC, LLC
 <u>BioTrackTHC | Office of Cannabis Policy (maine.gov)</u>
 <u>DW2.pdf</u> (660K)
- 3/20/20 DAFS renews contract with Freedman & Koski for Consultant Services for Rulemaking pursuant to L.D. 1719 and L.D. 1539
 <u>DW2.pdf</u> (749K))
- 2/5/2020 DAFS/OMP signs contract with METRC, LLC for a 6 year deal
 <u>DW2.pdf</u>
 (21.686K
- 4/1/21 DAFS renews contract with Freedman & Koski for Consultant Services for Rulemaking pursuant to L.D. 1719 and L.D. 1539, amending contract amount
- 10/7/22 Erik Gundersen steps down as Director OMP

Office of Cannabis Policy's Director announces departure | Office of Cannabis Policy (maine.gov)

- 12/2/22 John Hudak (co-founder of Freedman & Koski) is hired as the new director of OCP
 <u>Maine taps Brookings' Hudak to serve as cannabis chief</u> (<u>mibizdaily.com</u>)
- 4/13/2023 OCP amends contract with METRC LLC, major increase cost
 <u>MetrcLLCCTAmnt032023 ITP-231410.docx (1).pdf</u> (<u>345K</u>)
- 9/6/2023 OCP announces proposed substantive rule changes for medical program
 Executive Summary - 2023 Rulemaking MMCP.pdf (maine.gov)

Payments made to Freedman & Koski, INC (sourced from Maine's
Open Checkbook Website)FREEDMAN & KOSKI INC\$122,702.38 - 2019FREEDMAN & KOSKI INC\$119,223.66 - 2020FREEDMAN & KOSKI INC\$204,398.86 - 2021FREEDMAN & KOSKI INC\$181,178.52 - 2022

-----***9/12/2023**- Independent Survey Started

146 responses

On a scale of 1-5, (1 being poor), how would you said OCP treats the Copy medical program?





On a scale 1-5, (1 being poor) how would you said OCP treats Adult Use: Copy 146 responses





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146 responses





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On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program?





John Hudak should be fired and investigated for insider dealing.

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Do you think any members of OCP should step down or resign?

(a) Yes

No

If yes, Who,

All of them but deff hudak

Just a survey.

9						
On a scale of 1-5, (1 being po	or), how would you said OCF	P treats the medical program	1?			
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Do you think any members of OCP should step down or resign?

Yes

No

lf yes, Who,

All of them!

Just a survey.

On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program?

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Do you think any members of OCP should step down or resign?

Yes

() No

🌶 lf yes, Who,

Anyone who has conflict of interest (John Hudak, etc)

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Just a survey.

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Do you think any members of OCP should step down or resign?

Yes

() No

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lf yes, Who,

Complete overhaul

Just a survey.

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Do you think any members of OCP should step down or resign?

Yes

O No

If yes, Who,

Hudak but all of them the industry was better and flourished when they didn't exist they are a roadblock to success

Just a survey,

On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program? 2 3 5 1 4 $\langle \rangle$ () ۲ \bigcirc Poor Perfect On a scale 1-5, (1 being poor) how would you said OCP treats Adult Use: 1 2 З 5 4 Õ ()() ۲ \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how would you say OCP handles rule making processing? 1 2 3 4 5 ۲ ()()() \bigcirc Perfect Роог On a scale 1-5, (1 being poor) how do you think OCP handles funds? 1 2 3 4 5 \bigcirc ۲ ()() \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how well do you think OCP communicates with its stake holders 1 2 3 4 5 ۲ () ()() \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how do you think OCP represents cannabis? 1 2 4 3 5 \bigcirc ۲ \odot \bigcirc ()Poor Perfect On a scale 1-5 (1 being poor) how well do you feel listened to by OCP: 1 2 3 4 5 ۲ \bigcirc \bigcirc \bigcirc ()Poor Perfect

Do you think any members of OCP should slep down or resign?

Yes

⊖ No

yes, Who,

John hudak

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Just a survey.

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Yes

⊖ No

lf yes, Who,

Eric Gunderson

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1/2

Just a survey,

On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program? 1 2 5 3 4 ۲ $(\tilde{})$ $\langle \rangle$ \bigcirc $\langle \tilde{} \rangle$ Poor Perfect On a scale 1-5, (1 being poor) how would you said OCP treats Adult Use: 1 2 3 4 5 Ć) \bigcirc ۲ Õ \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how would you say OCP handles rule making processing? 1 2 3 4 5 ۲ () \bigcirc ()()Perfect Poor On a scale 1-5, (1 being poor) how do you think OCP handles funds? 5 1 2 3 4 ۲ \bigcirc (((\cdot) Poor Perfect On a scale 1-5 (1 being poor) how well do you think OCP communicates with its stake holders 1 2 3 4 5 ()۲ () \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how do you think OCP represents cannable? 1 2 3 4 5 ۲ \bigcirc () \bigcirc ()Poor Perfect On a scale 1-5 (1 being poor) how well do you feel listened to by OCP: 2 1 3 4 5 ۲ $\langle \rangle$ \bigcirc \bigcirc \bigcirc Poor Perfect

Do you think any members of OCP should step down or resign?

Yes

() No

If yes, Who,

All of them.

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Just a survey.

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	Do you think any members of OC	CP should step down or re	sign?				
	Yes						
	⊖ No						

lf yes, Who,

John Hudak

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Just a survey.

On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program? 2 1 3 4 5 ۲ \bigcirc \bigcirc \bigcirc \bigcirc Poor Perfect On a scale 1-5, (1 being poor) how would you said OCP treats Adult Use: 2 1 3 4 5 (()۲ \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how would you say OCP handles rule making processing? 2 1 3 4 5 ۲ $(\tilde{})$ (\bigcirc $(\tilde{})$ Poor Perfect On a scale 1-5, (1 being poor) how do you think OCP handles funds? 1 2 3 5 4 ۲ $(\dot{})$ \bigcirc () \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how well do you think OCP communicates with its stake holders ł 2 3 4 5 (@) $(\hat{})$ ()() \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how do you think OCP represents cannabis? 1 2 з 4 5 ۲ ()() \bigcirc \bigcirc Poor Perfect On a scale 1-5 (1 being poor) how well do you feel listened to by OCP: 2 3 1 4 5 ۲ \bigcirc \bigcirc \bigcirc \bigcirc Poor Perfect

Do you think any members of OCP should step down or resign?

Yes

() No

lf yes, Who,

John Hudak

	Just	а	survey.	
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On a scale of 1-5, (1 being po	or), how would you said OC	P treats the medical program	n?			
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Do you think any members of OCP should step down or resign?

Yes

() No

, yes, Who,

Director

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On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program? 2 3 4 5 1 Ô ۲ \bigcirc \bigcirc $\langle \rangle$ Poor Perfect On a scale 1-5, (1 being poor) how would you said OCP treats Adult Use: 1 2 з 4 5 Õ () \bigcirc ۲ ()Poor Perfect On a scale 1-5 (1 being poor) how would you say OCP handles rule making processing? 1 2 3 5 4 ۲ ()() $\langle \hat{} \rangle$ ()Poor Perfect On a scale 1-5, (1 being poor) how do you think OCP handles funds? 2 1 3 4 5 Ĉ) ۲ () () $\langle \rangle$ Perfect Poor On a scale 1-5 (1 being poor) how well do you think OCP communicates with its stake holders 2 3 5 1 4 \bigcirc \bigcirc ()()۲ Poor Perfect On a scale 1-5 (1 being poor) how do you think OCP represents cannabis? 2 1 3 4 5 ۲ \bigcirc \bigcirc () \bigcirc Perfect Poor On a scale 1-5 (1 being poor) how well do you feel listened to by OCP: 2 3 5 1 4 $\langle \cdot \rangle$ \odot ۲ \bigcirc (\mathbf{i}) Perfect Poor

Do you think any members of OCP should step down or resign?

(a) Yes

() No

If yes, Who,

Director Hudak

Just a survey.

O	n a scale of 1-5, (1 being poo	r), how would you said OCF	P treats the medical program	n?			
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Do you think any members of OCP should step down or resign?

(a) Yes

🔿 No

f yes, Who,

Director hudak, vern the compliance jerk

bust a survey.

	On a scale of 1-5. (1 being poor), how would you said OCP	treats the medical program	?			
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Do you think any members of OCP should step down or resign?

Yes

() No

lf yes, Who,

John Hudak

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.....

On a scale of 1-5, (1 being poor), how would you said OCP treats the medical program?

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Do you think any members of OCP should step down or resign?

Ves

⊖ No

yes. Who, John Hudak

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