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Business or Organization Affiliation	on: OurFoods			
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Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND F	PROVIDE CLIENT INFO	ORMATION BELC	ow:
Client Name:			P	Phone #:
Client Address: Street		City	State	Zip

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Address: 5060 SG7 $M \cup M \neq$ Street Business phone: 323257667	<u>r Rafael Kirenum</u> City CRepresenting: LKDWP	Los Angeles CA State Raterayer	90042
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Business phone: 223-397 CHECK HERE IF YOU ARE A		•••	INFORMATION BELC	ow:
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Client Name:			_ Phone #:	
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CITY OF LOS ANGELES SPEAKER CARD

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 THE CITY COUNCIL'S PULIES OF

Date	THE CITY COUNC	L'S RULES OF	Council File No., Agenda Item, or Case No.		
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Name: 209, Vel Mason	1		() Against pro) General co	
Business or Organization Affiliati		for social f	2esponsibil	ity	
Address: <u>075011</u>	est Los	Angeles	ĊA	9002	7
Street Business phone: <u>243-(687 -</u>			State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PI	ROVIDE CLIENT INFO	RMATION BELOW	•	
Client Name:			Pho	ne #:	
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CIT	Y OF LOS AN	GELES SPEAKER	CARD	
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Name: Martha Avqu				Against proposal General comments
Business or Organization Affiliation: _	Physicians	for Social	pesponsibil	ity
Address: 617 S. Olive Street	st Los A	ngeles	CA 9	<u>00(4</u>
Business phone: 213-689-917	C Representing:			
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND I	PROVIDE CLIENT INFO	ORMATION BELOW:	
Client Name:			Phone #	•
Client Address:		City	State Z	ip
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