

# CITY OF LOS ANGELES SPEAKER CARD

Date: 05/03/2017

Council File No., Agenda Item, or Case

Item NO. (7) - 17-0328

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Eric Preven

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Business Phone: \_\_\_\_\_

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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Name: Antonia Ramirez

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Nisha Vida

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Luisa Monge Krekorian

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Graciela Geyer

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Herman666

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip  
Watts 90002

Business Phone: \_\_\_\_\_ Representing: Peppa Pig

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Name: Wayne From Encino

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Business Phone: \_\_\_\_\_

Representing: \_\_\_\_\_

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Name: John Walsh

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Business Phone: \_\_\_\_\_

Representing: \_\_\_\_\_

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Name: Dallas Fowler

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ 90016  
Street City State Zip

Business Phone: 3104295777 Representing: \_\_\_\_\_

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Name: Rafael Galante

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Name: Councilmember Nestor Enrique Valencia

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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