

CITY OF LOS ANGELES SPEAKER CARD

(3)

Date

11/19/13

THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

13-1460

I wish to speak before the

Personnel & Animal Welfare Com.
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ☒ For proposal

☐ Against proposal

☐ General comments

Name:

Teri Austin

Business or Organization Affiliation:

The Amanda Fund

Address:

351

N. Foothill

KD

BL CA

90210

Street

City

State

Zip

Business phone:

310-228-2935

Representing:

The Amanda Fund

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

☐

Client Name:

Phone #:

Client Address:

Street

City

State

Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

3

Date

11/18/13

THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

3

I wish to speak before the

Paws Committee

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ☒ For proposal

☐ Against proposal

☐ General comments

Name:

Mary Catalano

Business or Organization Affiliation:

Address:

Palo Alto
Street

2705

Venice
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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CITY OF LOS ANGELES SPEAKER CARD

(3)

Date 11/19/13

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

13-1460
Council File No., Agenda Item, or Case No.
#3 Pit Bull Spay

I wish to speak before the PAWC
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ☒ For proposal
() Against proposal
Name: Phyllis Daugherty () General comments

Business or Organization Affiliation: _____

Address: 450 N Bonnie Blue St. LA 90026
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

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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