

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

Date <u>2-17-16</u>	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. <u>8</u>
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I wish to speak before the PAW 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: CATHERINE DOYLE

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: PERFORMING ANIMAL WELFARE SOCIETY

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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Date <u>2-17-16</u>	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. <u>15-1492</u>
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I wish to speak before the PERSONNEL & ANIMAL WELFARE 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
(x) General comments

Name: JACQUELYN LAWSON

Business or Organization Affiliation: CITY ATTORNEY

Address: 200 N. MAIN ST. LA CA
Street City State Zip

Business phone: 213 978-2712 Representing: HOLLYWOOD COMMUNITY

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() Against proposal
() General comments

Name: MATT ROSSELL

Business or Organization Affiliation: ANIMAL DEFENDERS INTERNATIONAL

Address: 6100 WILSHIRE BLVD LA CA 90048
Street City State Zip

Business phone: 323-935-2234 Representing: _____

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() Against proposal
() General comments

Name: Phyllis Dargatzis

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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