

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
3-17-18

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

Council File No., Agenda Item, or Case No.
2 17-1237-si

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
() General comments

Name: Diana Mendoza

Business or Organization Affiliation: PETA

Address: 2154 W. Sunset Blvd LA CA 90026
Street City State Zip

Business phone: 323 644-7382 Representing: PETA

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

1-17-18

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

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

17-1237-S1 #2

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:

Phyllis Daugherty

Business or Organization Affiliation:

AIM

Address:

420 N Bonnie Blue St. LA

CA

90026

Street

City

State

Zip

Business phone:

213/413-2367

Representing:

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Phone #:

Client Address:

Street

City

State

Zip

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2018

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

2

I wish to speak before the _____
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: _____

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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