Date 1-25-10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	BLIC SAFETY		0-0089
	Name of City Agency, Department, Committee o		()For proposal ()Against proposal
Name:	RAPE TREATMENT	CENTT	() General comments
Business or Organization Affiliation	ATH ST	CEIVILI	
Business phone $3134 - 4$	City <u> City</u> Representing:	State	Zip
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW	:
Client Name:		Pho	one #:
Client Address: Street	City	State	Zip
Please see reverse of card for	important information and submit this entire carc	I to the presiding offi	cer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	T.	

Date	THE CITY COUNC DECORUM WILL B		in the start from the start of the start of the start of the	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Per	Committee		
Do you wish to provide general pu	ublic comment, or to speak	for or against a propo	sal on the agenda?	
Name: Shari Le	zinwand			Against proposalGeneral comments
Business or Organization Affiliatio	n: Human	Rights (eatch	
Address: 1934 Wes	sthelme Ave,	LiA-	CA	90025- Zip
Business phone: <u>210 557</u>	- 8100 Representing: _	Human	Rights u	Jatch
CHECK HERE IF YOU ARE A			,	
Client Name:			PI	hone #:
Client Address:				
Street		City	State	Zip
Please see reverse of card fo	r important information and	I submit this entire car	d to the presiding o	fficer or chairperson.
	NOTE, THICKS		1 TE	

NOTE: THIS IS A PUBLIC DOCUMENT.

Date	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	SOF	ems 2:3:	genda Item, or Case No. 10-0089 を 2-2878 - うち
I wish to speak before the Puls [7 Nam	C Safety Camm ne of City Agency, Department,	Committee or Cour	ncil	
Do you wish to provide general public	comment, or to speak for or aga	inst a proposal on	the agenda? (
Name: Mary Grawey			() Against proposal) General comments
Business or Organization Affiliation: Human Prights Watch Address: 1445 Cuesta Londa Pacific Palizales Of 90272				
Address: 1445 Cvest	a Conda Pació	liz Palosal	state	90272 Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Pho	one #:
Client Address:	City		Otata	7:-
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.		

Date 01 25 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		, Agenda Item, or Case No. KDNA Heshing
I wish to speak before the	Public Safety Committee	pr Council	
Do you wish to provide general pu Name:	ublic comment, or to speak for or against a propo Cher		() Against proposal
	n: SE/U 72/		/
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	WV:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip
Please see reverse of card fo	r important information and submit this entire car	d to the presiding c	officer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	IT.	

Date 1/25/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No. L 3
I wish to speak before the	Name of City Agency, Department, Committee o		
Do you wish to provide general p	public comment, or to speak for or against a propos	al on the agenda	
Name: Shaha Camp	bell		 Against proposal General comments
	on: Peze aver Vidence		
Address: 65 W. O	Lympic # 400 LA City	State	90015 Zip
	Representing: Patricia Given		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card fe	or important information and submit this entire care	to the presiding	officer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	т.	

Date 125709	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	blie Sofity Committee Name of City Agency, Department, Committee	or Council
Do you wish to provide general p	ublic comment, or to speak for or against a propo	
Name: JerilyN Stap	leton	() Against proposal () General comments
Business or Organization Affiliation	on: Aptional Organization for le	Jomen
Address: 6810 Cahuenen	Park Trail Hollywood	CA 90068 State Zip
Business phone: 333 85/-6	364 Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Please see reverse of card for	or important information and submit this entire car	d to the presiding officer or chairperson.
	NOTE: THIS IS A PUBLIC DOCUMEN	IT.