

City of
SACRAMENTO

The City welcomes your comments and requests that you present your remarks in a respectful manner, within established time limits, and focus on issues which directly affect the City or are within the jurisdiction. Thank you for your testimony.

Request to Speak

Complete this form and return to the City Clerk

Meeting Date: 9/20/2011

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

☐ Matters Listed on the Agenda

Agenda Item No: 9

Subject: Consent
Calendar

☐ In Favor

☒ Oppose

☐ Matters **NOT** Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: Mac L. Worthy Address: _____

Organization/Business Name: _____

Council District No.: 5 ☐ Not a City Resident

Phone: (____) 457-6058 Email: _____

Notice to Lobbyist:

In compliance with City Code Section 2.15.150 you **MUST** identify yourself as a lobbyist and also verbally identify the client(s), business or organization you are representing.

I am a: ☐ Registered Lobbyist ☐ Unregistered Lobbyist

I represent: _____

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Request to Speak

Complete this form and
return to the City Clerk

Meeting Date: 9-20-16

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

☒ Matters Listed on the Agenda

Agenda Item No: 9

Subject: _____

☐ In Favor

☐ Oppose

☐ Matters **NOT** Listed on the Agenda

Subject: _____

Personal Information:

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Name: Tim Boyd Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Meeting Date: 9-20-16

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

☒ Matters Listed on the Agenda

Agenda Item No: 9

Subject: _____

☐ In Favor

☐ Oppose

☐ Matters **NOT** Listed on the Agenda

Subject: _____

Personal Information:

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Name: RON EIMSLIE Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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City of
SACRAMENTO

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Meeting Date: Sept 20 / 2016

Request to Speak

Complete this form and return to the City Clerk

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: Bus System
is In Adequate
comparisons with
Moscow, Russia.
Safety

Personal Information:

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Name: Dr. GREGORY GLAVINOVICH Address: 1949 Middlebe

Organization/Business Name: GLAVINI-Net

Council District No.: 2

☐ Not a City Resident

Phone: (415) 504 4075

Email: (fredxspinoff) Road
(@gmail.com)

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Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters NOT Listed on the Agenda

Subject: _____

**CONVENTION CTR
EXPANSION
#2
SPEAKER**

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: _____

DENNIS NEUFELD

Address: _____

10 SAN MATEO CT.

Organization/Business Name: _____

EYE ON SACRAMENTO

Council District No.: _____

4

☐ Not a City Resident

Phone: _____

916 446-1054

Email: _____

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☐ Unregistered Lobbyist

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: Public comment
Convent

☐ In Favor

☐ Oppose

☐ Matters **NOT** Listed on the Agenda

Subject: Convention Center #1

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: Rick Stevenson Address: _____

Organization/Business Name: _____

Council District No.: 4

☐ Not a City Resident

Phone: (____) _____

Email: stevenson-richard@sbcglobal.net

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Meeting Date: 9-20-16

*mtg w/ CMO
private pro dem
4 city
improvements*

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: _____

Relating
city documents
& other.

Personal Information:

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Name: James Hodgson Address: 1309 64th St

Organization/Business Name: _____

Council District No.: 3

☐ Not a City Resident

Phone: (916) 500-1292 Email: _____

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Meeting Date: 9-20-16

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: Homeless

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: Wanda Cleveland Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: AUDIT on City
RESPONSE to Right2Post

Personal Information:

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Name: FAYGO Address: _____

Organization/Business Name: Community Dinner Project

Council District No.: 4 ☐ Not a City Resident

Phone: (916) 706-4605 Email: _____

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I represent: _____

City of
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Meeting Date: 9-20-2016

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: WATER

AUDIT - Right to Rest

Personal Information:

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Name: DAVID ANDRE Address: Homeless

Organization/Business Name: COMMUNITY Dinner Project

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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☐ Oppose

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Name: MA C L. Worthy Address: _____

Organization/Business Name: _____

Council District No.: 5

☐ Not a City Resident

Phone: (____) 457-6058 Email: _____

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Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: People over Profit

Police Brutality

Personal Information:

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Name: Trina Allen Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: _____

Personal Information:

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Name: RON EMSLEY Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: POVERTY in
Sacramento

Personal Information:

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Name: Robert A. COPPIN

Address: 1725 K Street #203

Organization/Business Name: DOBET J.F. SHOC

Council District No.: 4

☐ Not a City Resident

Phone: 916 442 4000

Email: RCOPPIN260157@shoc.com

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: getting the alley gated

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: David Wheat Address: 4637 1/2 13th Ave.

Organization/Business Name: _____

Council District No.: 5

☐ Not a City Resident

Phone: (916) 457-0345

Email: _____

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: Sac CPC

Personal Information:

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Name: Rebecca Sharad Address: _____

Organization/Business Name: _____

Council District No.: 4

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Meeting Date: 9.20.16

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: good governance,
transparency

Personal Information:

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Name: Niki Jones Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Meeting Date: 9

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: Public

Personal Information:

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Name: Victor Bonneton Address: _____

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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Request to Speak

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Meeting Date: sept 2016

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☐ Matters Listed on the Agenda

Agenda Item No: _____

Subject: _____

☐ In Favor

☐ Oppose

☒ Matters **NOT** Listed on the Agenda

Subject: Future council work

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: Grace Loescher Address: 3439 4th Ave

Organization/Business Name: _____

Council District No.: _____

☐ Not a City Resident

Phone: (____) _____ Email: _____

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☐ Unregistered Lobbyist

I represent: _____