



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 7/12/11

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: 25

Subject: Power Inn Alliance

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.

Name: Jerry Vorpahl Address: 5310 Power Inn Rd

Organization/Business Name: Power Inn Alliance

Council District No.: 6

Not a City Resident

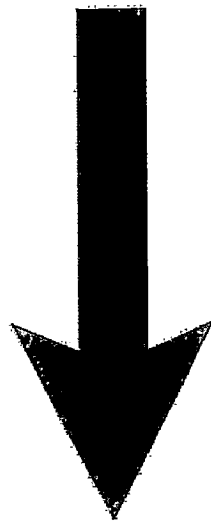
Phone: (916) 453-8888

Email: jerry@powerinn.org

NOTICE TO LOBBYISTS: 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 and I represent:



Patch T



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: July 14, 2011

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Matters NOT Listed on the Agenda

Agenda Item No: 30

Subject: _____

Subject: Healthy Kids
Active Living Cities Resolution

In Favor

Oppose

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.

Name: Marcelita Gonzales Address: _____

Organization/Business Name: Health Education Council

Council District No.: _____

Not a City Resident

Phone: (916) 556 3344

Email: mgonzales@healtheducationcouncil.org

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City of Sacramento

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MEETING DATE: _____

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Matters LISTED on the Agenda

Matters NOT Listed on the Agenda

Agenda Item No: 30

Subject: _____

Subject: HEAL Resolution

In Favor

Oppose

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.

Name: Lenard Lesser Address: _____

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

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Matters LISTED on the Agenda

Agenda Item No: 30

Subject: _____

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.

Name: Dawn Dunlap Address: 1541 34th St

Organization/Business Name: Health Education Council

Council District No.: _____

Not a City Resident

Phone: (916) 284-3418

Email: ddunlap@healtheducation.org

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REQUEST TO SPEAK

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Matters LISTED on the Agenda

Agenda Item No: 30

Subject: HEAR CITIES RES

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.

Name: HAROLD GOLDSTEIN Address: DAVIS, CA

Organization/Business Name: CALIFORNIA CENTER FOR PUBLIC HEARD PROCEEDINGS

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

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Matters LISTED on the Agenda

Agenda Item No: 30

Subject: HEAL Cities

Campaign

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

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Name: Kumar Tibel Address: _____

Organization/Business Name: CCPHA

Council District No.: _____

Not a City Resident

Phone: (916) 213-6380

Email: kt@publichealthcooperacy.org

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