

City of  
**SACRAMENTO**

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# Request to Speak

Complete this form and return to the City Clerk

Meeting Date: 2/17/18

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: Where is the love?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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: Jaime Lamose Address: west sacramento

Organization/Business Name: \_\_\_\_\_

Council District No.: \_\_\_\_\_  Not a City Resident

Phone: (\_\_\_\_) \_\_\_\_\_ 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: \_\_\_\_\_

### **General Conduct for the Public Attending Council Meetings**

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Meeting Date: 2-17-15

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

Matters Listed on the Agenda

Agenda Item No: \_\_\_\_\_

Subject: UNION

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: RONNIE GUICE Address: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Council District No.: \_\_\_\_\_  Not a City Resident

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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<input type="checkbox"/> Matters Listed on the Agenda
Agenda Item No: _____
Subject: _____
_____
<input type="checkbox"/> In Favor <input type="checkbox"/> Oppose

<input checked="" type="checkbox"/> Matters <b>NOT</b> Listed on the Agenda
Subject: _____
_____
_____
_____

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Name: RON EMSLIE 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: SHRA

Older Adult, Disabled  
Renovation Relocate  
2526 "L" ST., SACRAMENTO

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Name: FRANK TOPPING Address: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Council District No.: 4                       Not a City Resident

Phone: (916) 475-5161                      Email: FRANK Needs To Know  
@GMAIL.COM

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*Cheesecake*

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Agenda Item No: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: \_\_\_\_\_

*Light At South*  
*Avenue Rio Linda*  
*Blvd.*

\_\_\_\_\_

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Name: *Lambert Davis*                      Address: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Council District No.: *2*                       Not a City Resident

Phone: *(916) 370-9211*                      Email: *CHEESECAKES2@COMCAST.NET*

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Agenda Item No: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: \_\_\_\_\_

\_\_\_\_\_

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Name: LAURA RUBALCABA Address: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Council District No.: \_\_\_\_\_  Not a City Resident

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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Meeting Date: FEB 17, 2015

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### 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: Discrimination,  
Furtivization, Unlawful  
Surveillance and Medical  
Observation for experimental  
Environmental Military RESEARCH.  
Auschwitz Crimes and Protocols in  
Foreign owned and managed

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Name: Louanne Brown                      Address: 1318 E St. 95814

Organization/Business Name: \_\_\_\_\_

Council District No.: 4                       Not a City Resident

Phone: (\_\_\_\_) \_\_\_\_\_                      Email: \_\_\_\_\_

*SRM and Residential Housing by "Independent Contractors"*

*Please - Rule-out-Auschwitz's Protocols!*

**Notice to Lobbyist:** Chemical air strikes (military grade weapons) color ed and white low lying clouds in urban areas causing, INTROGENIC DISEASE FALL-OUT!

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: Request - Fraud & Abuse Investigation of Contractor's Report and Military - sub contractors terrorizing as a 3<sup>rd</sup> Column, civilians.

*10/2-19-15*

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Le Brown / City Council 2-17-15 xe: full Pg 2/4

Re: Unlawful Exploitation of Senior Housing by non-profits and medical / military entities. Evidence of illegal invasive observation, research and intentional misrepresentation causing a threat to safety and security. A lack of concern & total disregard for the accountability, courteous professionalism and legal guidelines/protections against unlawful observation/restraints, and medical research abuses.

February 17 2015 Tues.

Subject: SHRA - Government Housing and Redevelopment Agency - SHARP Property Washington Plaza 1318 E St. and independent medical and non-profit contractors providing transportation, education, employment and security services out of compliance.

Specifically - SRab, LLC, <sup>new</sup> Jamboree contractors and tenant / community services continue to discriminate, fail to show due diligence and are uncooperative, unprofessional, and continually fail to meet contracted requirements regarding access to stated services.

Requested Action - Management, Legal and Funding sources provide close supervision of above entities and detail grant funding requirements. I being a tenant for over 2 years have found consistent criminal activities and abuses that go unattended to: including research, intimidation, and financial costs that are not compliant with consumer rights and laws.

LORRYNE BROWN, Apt 702



# ACC Senior Services Center ACC Rides Transportation Services Rider Information Form

Pg 3/4

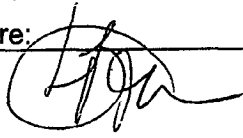
(Please Print)

Date: Jan. 16, 2015

First Name: Lorraine Brown Last Name: \_\_\_\_\_

Address: 1318 E St Apt 702 City: Spokane Zip: 95844

Telephone: Washington Plaza Office - 416-449-6230 Age: 62+ Sex: \_\_\_\_\_

My driving is limited: (please explain)		
Permanently (explain): <u>Issues of arthritis and respiratory ailments</u>		
Temporarily (explain): _____		
I can still drive, but prefer not to (explain): <u>do not have a vehicle, limited mobility</u>		
I mostly need rides/transportation services for: (check all that apply)		
Medical/Health-Related Appointments <input checked="" type="checkbox"/>	Grocery Shopping <input checked="" type="checkbox"/>	Field Trips _____
Classes and Programs at ACC or Elsewhere, specify: <u>future</u>		
Other: (specify) <u>would like information and other transport services @ cost reduced rate</u>		
Any Disabilities? <u>highly sensitive to fumes and chemical toxin exposure</u>		
My disability, health problems, or physical limitations include: (please explain) <u>mobility problems and respit</u>		
Due to disability/health problems, I will need the following assistance: (please explain) <u>cart to carry grocery items and chemical free environment for respiratory ailments</u>		
I have participated in the following Classes and Programs at ACC: (please specify) _____		
Other Classes/Programs for older adults that interest me include: (check all that apply)		
Adult Day Program _____	Computer <input checked="" type="checkbox"/>	Fitness/Tai Chi/Yoga _____
Arts and Crafts <input checked="" type="checkbox"/>	Cooking Demonstration _____	Social Club _____
Ballroom/Line Dancing <input checked="" type="checkbox"/>	ESL/Citizenship _____	Special Topic Workshops _____
Social/Recreational Program for Frail Elders and those with Functional Limitations _____		
Other: (specify) <u>Bridge / Rummy / Chess Lessons</u>		
I live: (check one)		
Alone <input checked="" type="checkbox"/>	With Spouse _____	With Relatives _____
In a Facility/Senior Housing <u>SHRA</u>		
My Monthly Income is: (check one)		
Individual _____	less than \$973.00 <input checked="" type="checkbox"/>	more than \$975.00 _____
Couple _____	less than \$1,311.00 _____	more than \$1,315.00 _____
Ethnicity: _____		
My ethnicity is: <u>Caucasian/mixed</u> I speak: <u>English</u> But prefer to speak: _____		
Other Information: _____		
Are you a Veteran: No Yes, which branch of service: <u>No</u>		
Are you a family member of a Veteran? No <u>Yes</u>		
How did you hear about ACC Rides/Transportation Service: <u>SHRAB</u>		
Ride is for: <u>Self</u> Relative Friend Client Other: _____		
Information Provided by: <u>Lorraine Brown</u>		Relationship to Rider: <u>same</u>
Emergency Contact Name: _____		Emergency Phone Number: _____
RIDERS' RESPONSIBILITY: Please make sure you are seated and buckled up before the vehicle starts. If you need help, please ask the driver/driver assistant for assistance.		
Signature: 		

1.18.15

Lorraine,

*You are signed up for the grocery bus Feb. 3.*

You will need to give the driver the enclosed application, which will go to the Acc Bus company for their records. I made a copy of your app for your files. (also enclosed).

Barbara Stanton (916-927-7446) is the person you contact to reserve your seat after Feb 3. I suggest you give her your phone # as soon as you get a phone.

Have fun.

Bill Blado

✓

City of  
**SACRAMENTO**

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# Request to Speak

Complete this form and return to the City Clerk

Meeting Date: 2/17/15

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: Resolution by City Council needed to call on DOT Secretary Anthony Foxx to declare an emergency moratorium on crude oil shipments by rail.

### 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: Delphine Brody                      Address: 4045 43rd St., Sacramento, CA 95820

Organization/Business Name: Community Dinner Project

Council District No.: \_\_\_\_\_                       Not a City Resident

Phone: (916) 616-1703                      Email: delphine.brody@gmail.com

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I am a:     Registered Lobbyist                       Unregistered Lobbyist

I represent: \_\_\_\_\_

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Matters Listed on the Agenda

Agenda Item No: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: Carry for the  
Homeless Women + children  
of our great-hearted  
city of Sacramento

\_\_\_\_\_

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Name: JONATHAN GAINSBROUGH Address: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Council District No.: \_\_\_\_\_                       Not a City Resident

Phone: (\_\_\_\_) \_\_\_\_\_                      Email: \_\_\_\_\_

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I represent: \_\_\_\_\_

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Agenda Item No: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: Police

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: Christina Arechiga Address: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Council District No.: Harris

Not a City Resident

Phone: (916) 914-5233

Email: endpolicitorror@gmail.com

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Matters Listed on the Agenda

Agenda Item No: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: Homelessness

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: Christopher                      Address: Homeless

Organization/Business Name: \_\_\_\_\_

Council District No.: \_\_\_\_\_                       Not a City Resident

Phone: (\_\_\_\_) ~~\_\_\_\_\_~~                      Email: \_\_\_\_\_

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Matters Listed on the Agenda

Agenda Item No: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_

In Favor                       Oppose

Matters **NOT** Listed on the Agenda

Subject: Anti-Homeless  
Ordinances

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: Armando Flores Address: 44B Howe Ave 95825  
Organization/Business Name: C.A.F.F.E  
Council District No.: \_\_\_\_\_  Not a City Resident  
Phone: (916) 799-6652 Email: \_\_\_\_\_

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City of  
**SACRAMENTO**

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# Request to Speak

Complete this form and return to the City Clerk

Meeting Date: 2/17/15

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: City's Refusal to  
clean up garbage dumped  
on City's Veda Parkway  
for 3 1/2 months now

\_\_\_\_\_

### 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: Mary E. Tappel                      Address: 1725 Los Robles Blvd.

Organization/Business Name: \_\_\_\_\_

Council District No.: 2                       Not a City Resident

Phone: (916) 925-1933                      Email: you have

### 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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City of  
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Meeting Date: \_\_\_\_\_

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: CAMPING ORDINANCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: JAMES (FAYGO) CLARK Address: \_\_\_\_\_

Organization/Business Name: COMMUNITY DINNER PROJECT

Council District No.: 4                       Not a City Resident

Phone: (916) 706-4605                      Email: FAYGO DRINKIT@GMAIL.COM

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City of  
SACRAMENTO

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# Request to Speak

Complete this form and return to the City Clerk

Meeting Date: 2-17-10

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: noise

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name: ANDY COON                      Address: 434-4th St

Organization/Business Name: ESCAPE OF 10th

Council District No.: \_\_\_\_\_                       Not a City Resident

Phone: (530) 906-8077                      Email: \_\_\_\_\_

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Meeting Date: 2/17/15

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: Invitation to attend events benefiting survivors of violence in Sacramento

\_\_\_\_\_

\_\_\_\_\_

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Name: Jennifer Teykaerts <sup>(+ake-hearts)</sup> Address: \_\_\_\_\_

Organization/Business Name: V-Day Sacramento

Council District No.: \_\_\_\_\_  Not a City Resident

Phone: (\_\_\_\_) \_\_\_\_\_ Email: jenc@vdaysacramento.org

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