

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME:

Jessica Willson

DATE:

ADDRESS:

PHONE:

CITY:

ZIP:

COUNCIL DISTRICT:

14

EMAIL ADDRESS:

JESSICA@EQUALITYFLORIDA.ORG

REPRESENTING:

Equality Florida

PUBLIC COMMENT SUBJECT:

Ordinance Thank you for introducing this

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

**Name & Address are required.*

NAME: Bake Herpe DATE: 06-11-2024

ADDRESS: 3504 Sula Rd PHONE: -

CITY: JAP ZIP: 32257 COUNCIL DISTRICT: -

EMAIL ADDRESS: -

REPRESENTING: -

PUBLIC COMMENT SUBJECT: OPPOSE 0334

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Jon Harris Maurer DATE: 6/11/24

ADDRESS: 201 E. Park Ave, Ste. 200A PHONE: _____

CITY: Tallahassee ZIP: 32301 COUNCIL DISTRICT: _____

EMAIL ADDRESS: jonharris@equalityflorida.org

REPRESENTING: Equality Florida

PUBLIC COMMENT SUBJECT: Ord. 2024-344

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: KANDACE L. KNOTSON DATE: 6/11/2024
ADDRESS: 2511 ROGERO ROAD PHONE: 904-744-9091
CITY: JAX ZIP: 32211 COUNCIL DISTRICT: 1
EMAIL ADDRESS: KANDACEJAX@AOL.COM
REPRESENTING: _____
PUBLIC COMMENT SUBJECT: _____

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Echo Nova DATE: 6/11/24

ADDRESS: 1812 Vista Lakes Dr. PHONE: 904-625-8188

CITY: Fleming Island ZIP: 32003 COUNCIL DISTRICT: _____

EMAIL ADDRESS: quantisedecho@gmail.com

REPRESENTING: Tax Queer Coalition

PUBLIC COMMENT SUBJECT: Anti-Late Ordinance

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

**Name & Address are required.*

NAME:

Raymond Johnson II

DATE:

6-11-24

ADDRESS:

3044 Stratton Ln

PHONE:

604-338-4951

CITY:

York

ZIP:

30201

COUNCIL DISTRICT:

12

EMAIL ADDRESS:

Rayjohnson2@gmail.com

REPRESENTING:

PUBLIC COMMENT SUBJECT:

Oppose Hate Crime Bill 334

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Lanelle Phillman DATE: 6-11-2024

ADDRESS: 10377 Sequoias Dr. PHONE: 904-732-9357

CITY: Jacksonville ZIP: 32257 COUNCIL DISTRICT: 6

EMAIL ADDRESS: lwjjaxke@gmail.com

REPRESENTING: League of Women Voters Jacksonville First

PUBLIC COMMENT SUBJECT: Support Ord 2024-334
Coast

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

**Name & Address are required.*

NAME: Rhiana Sogster DATE: June 17th, 24

ADDRESS: ~~10~~ 40 East Adams St. PHONE: _____

CITY: Jax ZIP: 32202 COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: 904 WARD

PUBLIC COMMENT SUBJECT: Ordinance 2024-234

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: JOHN M. BROOKS DATE: 6/11/24

ADDRESS: 2052 HAVINGTON CIR W PHONE: 904-608-4540

CITY: DUNN ZIP: 32246 COUNCIL DISTRICT: _____

EMAIL ADDRESS: joannbrooks2014@gmail.com

REPRESENTING: The North side Coalition of Jacksonville

PUBLIC COMMENT SUBJECT: ordinance 2024-334 Support

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Geri Woodman DATE: 6-11-24

ADDRESS: 14141 Pleasant Point Rd PHONE: 904-220-0717

CITY: JAK ZIP: 32225 COUNCIL DISTRICT: 2

EMAIL ADDRESS: chaplaingeri@yahoo.com

REPRESENTING: SELF

PUBLIC COMMENT SUBJECT: No on 2024-0334

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

**Name & Address are required.*

NAME: Wells Todd DATE: 6-11-24

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____ COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: Northside Coalition

PUBLIC COMMENT SUBJECT: _____

