

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Mrs. Therese V. Wakefield-Gamble DATE: 3/18/2025

ADDRESS: 7400 Hogan Rd PHONE: _____

CITY: Jax ZIP: 32216 COUNCIL DISTRICT: 4

EMAIL ADDRESS: Mrs.theresev.gamble@gmail.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: Against DOGE we already have
904 LEAN with Mayor Deegan this is a
misuse of power and tax dollars of sponsors and
co-sponsors of this legislation that taxpayers
and voters are against. Personal political
views for self-gain is not serving residents
of Jacksonville, Duval Co, FL

MAR 18 25 4:11 PM

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Russell Harper DATE: 3/18/25
ADDRESS: 1785 Lilly Rd E PHONE: 904-588-4855
CITY: JAX ZIP: FL COUNCIL DISTRICT: 5
EMAIL ADDRESS: Russell-harper@IBEW177.ORG
REPRESENTING: SELF
PUBLIC COMMENT SUBJECT: DOGE

APR 18 25 - 11:57

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Denise Scott DATE: 3-18-2025

ADDRESS: 8023 Carlotta Rd South PHONE: 904-655-5521

CITY: Jacksonville ZIP: 32211 COUNCIL DISTRICT: ~~1~~ 1st

EMAIL ADDRESS: scott4673@bellsouth.net

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: _____

MAR 18 '25 @ 11:58

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Cindy Waldron DATE: 3-18-25
ADDRESS: 13442 Long Cypress Trail PHONE: 561-707-3775
CITY: Soy ZIP: FL COUNCIL DISTRICT: 6

EMAIL ADDRESS: cw1211@gmail.com

REPRESENTING: CITIZENS OF DUVAL

PUBLIC COMMENT SUBJECT: NO DAGE - It hurts low income families, education + children. Fed Govt is doing \$\$\$ too much damage already, don't add to it!

MAR 18 25 10:55 AM

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Thomas R Freeman DATE: 3/15/2025

ADDRESS: 1360 Edgewood Ave S PHONE: 904-626-6797

CITY: Jacksonville ZIP: 32205 COUNCIL DISTRICT: _____

EMAIL ADDRESS: tomfreemo @ bellsouth.net

REPRESENTING: Self

PUBLIC COMMENT SUBJECT: DOGE Initiative

MAR 18 '25 @ 11:59

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Karen Droege DATE: 3/18/25
ADDRESS: 1826 Long Cypress Ct PHONE: 314/393-4396
CITY: JAY ZIP: 32223 COUNCIL DISTRICT: 6
EMAIL ADDRESS: kdroege1@gmail.com
REPRESENTING: Self

PUBLIC COMMENT SUBJECT: DOGE is a cover for fraud & corruption,
not a viable entity. This soon will be clear to all &
I would think that our wonderful community will NOT
want to be associated with "DOGE". CC - dont abandon
your moral values.

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Susan Andretta DATE: 3/18/2025

ADDRESS: 1622 Huddersfield Circle West PHONE: 631-255-4195

CITY: Jacksonville ZIP: 32246 COUNCIL DISTRICT: _____

EMAIL ADDRESS: LA 4174 @ yahoo.com

REPRESENTING: Myself

PUBLIC COMMENT SUBJECT: REMEMBER - We Vote

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: LESLIE ANDRETTA DATE: 3/18/2025

ADDRESS: 1622 Harderfield Creek West PHONE: 681-258-4195

CITY: Jacksonville ZIP: 32246 COUNCIL DISTRICT: _____

EMAIL ADDRESS: RTDLT@yahoo.com

REPRESENTING: MYSELF

PUBLIC COMMENT SUBJECT: DOGÉ

MAR 18 25 AM 11:59

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Mike Ludwicz DATE: 3/18/25
ADDRESS: 13490 Gran Bay Hwy Apt 212 PHONE: 904-694-6506
CITY: Stax ZIP: 32288 COUNCIL DISTRICT: 1F
EMAIL ADDRESS: MikeLudwicz13@gmail.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: Say No to DDGB!

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Macedo George DATE: 3/18/2025

ADDRESS: 5557 Paulbert Dr. PHONE: 904-228-9761

CITY: JAX ZIP: 32277 COUNCIL DISTRICT: 1

EMAIL ADDRESS: MACGEOGEORGE

REPRESENTING: CLC

PUBLIC COMMENT SUBJECT: DOGE

APR 18 25 12:05

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: GARY L. SMITH SR DATE: 3-18-25

ADDRESS: 12659 SHIRLEY OAK DR PHONE: 904-729-1000

CITY: JAX ZIP: 32218 COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: Myself

PUBLIC COMMENT SUBJECT: CONCERNING DWAL "DOGE"

MAR 18 25 PM 12:05

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Nancy Staats, M.D. DATE: 3/18/25

ADDRESS: 2038 Beach Ave PHONE: 7326876194

CITY: AH Beach ZIP: 32233 COUNCIL DISTRICT: 13

EMAIL ADDRESS: staatsne@gmail.com

REPRESENTING: myself

PUBLIC COMMENT SUBJECT: No DOGS in Duval

MAR 18 '25 PM 12:06

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: James Eddy DATE: March 18th

ADDRESS: 222 Lawton Ave PHONE: _____

CITY: Jacksonville ZIP: 32208 COUNCIL DISTRICT: 10

EMAIL ADDRESS: _____

REPRESENTING: Our Country

PUBLIC COMMENT SUBJECT: this Dose Committee shows me you are not doing your job - you as council approve the budget. Also can talk to departments,

MAR 18 '25 PM 12:06

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Melissa Hausman DATE: March 18, 2025
ADDRESS: 835 Wren Rd PHONE: 613-796-7729
CITY: Jax ZIP: 32216 COUNCIL DISTRICT: 404
EMAIL ADDRESS: mellhaus7@gmail.com
REPRESENTING: DWIN/Duval DEMS
PUBLIC COMMENT SUBJECT: DOGE is not needed &
unproductive!

3251206

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Ed Conner DATE: 7/18/25

ADDRESS: 230 E 3rd St. PHONE: (502) 682-1775

CITY: Jacksonville ZIP: 32206 COUNCIL DISTRICT: _____

EMAIL ADDRESS: eddycon@aol.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: Dual Dige

MAR 18 '25 PM 12:03

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Millicent Gunnell DATE: 3-18-25
ADDRESS: 8193 El Ciento Ct PHONE: 317-753-6584
CITY: Jacksonville ZIP: 32217 COUNCIL DISTRICT: 5
EMAIL ADDRESS: NURSEOB@MSW.COM
REPRESENTING: _____

PUBLIC COMMENT SUBJECT: NO DOGE!!
How come our budget is so out of wack? Why
haven't you addressed this before?

I do not wish to speak!

216 25-12-08

REQUEST TO SPEAK / REGISTER

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*Name & Address are required.

NAME: John Scott DATE: 3/18/25

ADDRESS: 3838 Hartwood Lane PHONE: 704/891 7871

CITY: Jacksonville ZIP: 32216 COUNCIL DISTRICT: 4

EMAIL ADDRESS: JohnScott1219@gmail.com

REPRESENTING: Self

PUBLIC COMMENT SUBJECT: DOGE

MAR 19 25 12:10

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Wells Todd DATE: 3/18/25

ADDRESS: 9225 Watrylen Ln PHONE: _____

CITY: Jacksonville ZIP: 32256 COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: Take 'Em Down for

PUBLIC COMMENT SUBJECT: Deal

MAR 18 '25 12:17

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: Brian Stokes DATE: 3/18/25

ADDRESS: 2962 Chase Meadows Dr W PHONE: 904-574-2014

CITY: JTA ZIP: 32256 COUNCIL DISTRICT: 11

EMAIL ADDRESS: exley99@gmail.com

REPRESENTING: myself

PUBLIC COMMENT SUBJECT: Jacksonville min - DOGE

3/25/25

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: B. Denise Hunt DATE: 3/18/2025

ADDRESS: 6228 Coolidge St PHONE: _____

CITY: Gax ZIP: 32218 COUNCIL DISTRICT: #2

EMAIL ADDRESS: bdh216@gmail.com

REPRESENTING: Myself

PUBLIC COMMENT SUBJECT: Oppose Dage

MAR 18 25 - 12:30

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: NANNY D. FRASHER DATE: 3/18/25

ADDRESS: 11035 FT. GEORGE RD. PHONE: 904-403-3559

CITY: JACKSONVILLE, FL. ZIP: 32226 COUNCIL DISTRICT: _____

EMAIL ADDRESS: ndfrasher@yahoo.com

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: EFFICIENCY PROTECT

MAR 18 '25 11:20

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: MEGAN McLEMORE DATE: 3/18/25

ADDRESS: 1443 N. Pearl St PHONE: 646-794-4927

CITY: Jax ZIP: 32206 COUNCIL DISTRICT: 7

EMAIL ADDRESS: meegwie@gmail.com

REPRESENTING: —

PUBLIC COMMENT SUBJECT: DOGE

APR 18 2025 12:28

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: MIRIAM BRAGG BAKER DATE: 3/18/25

ADDRESS: 605 EAST 64th ST PHONE: 904/382/0394

CITY: Jay ZIP: 32205 COUNCIL DISTRICT: 10

EMAIL ADDRESS: lamawbunny@gmail.com

REPRESENTING: self

PUBLIC COMMENT SUBJECT: DOGE

MAR 18 25 11:26

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

*PAT BRYANT
on record*

NAME: _____ DATE: *18-25*

ADDRESS: _____ PHONE: *0*

CITY: _____ ZIP: _____ COUNCIL DISTRICT: _____

EMAIL ADDRESS: _____

REPRESENTING: _____

PUBLIC COMMENT SUBJECT: *DOGE*

MAR 18 25 PM 12:07

EVIDENCE!
Pam Bouai-AG

REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required.

NAME: JOHN J. NOONEY DATE: 3/18/25

ADDRESS: 8306 BASCOM RD PHONE: 904-434-0839

CITY: JAX ZIP: 32216 COUNCIL DISTRICT: 4

EMAIL ADDRESS: VENNO5@YAHOO.COM

REPRESENTING: TDC - TRUMP'S DOGE CHURCH PARK ON POTTSBURG CREEK
137044-0000

PUBLIC COMMENT SUBJECT: DOGE - RESILIENCE

MAR 18 '25 PM 12:30