

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: KRUZSHANDER SCOTT DATE: _____

ADDRESS: 8716 Mersuyside Ave PHONE: _____

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32219

REPRESENTING: SELF

SIGNATURE: K. Kruzshander Scott ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Veterans & Federal workers
in the area

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

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NAME: Candace Hamilton DATE: 4/15/25

ADDRESS: N Liberty St PHONE: 984 477 3359

CITY: Jax COUNTY: Duval STATE: _____ ZIP: _____

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Ron, Are you running a parallel
mayor's office? Mayor DeGra has
certified efficient govt. employees running the city.

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Are your committee members certified?

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NAME: BIUEE BUSSARD DATE: 8-18-1945
ADDRESS: 2115 FOREST GATE DR E PHONE: (904) 249-2468
CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32246
REPRESENTING: SELF
SIGNATURE: Billie A. Bussard ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: DOGE Dangers
An affront to Christian MESSAGES

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*Name & Address are required

NAME: Alan Campbell DATE: 4/15/2025

ADDRESS: 10634 Grayson Ct. PHONE: 904-586-2549

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32220

REPRESENTING: Self

SIGNATURE: Alan Campbell ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: City Services

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EVIDENCE!

PAM BONDI

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*Name & Address are required

NAME: JOHN J. NOONEY 2023-0819 DATE: 4/15/2025

ADDRESS: 8356 BASCOM RD. PHONE: 904-434-0839

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32216

REPRESENTING: TRUMP'S DOGE CLUB PARK ON POTTSBURG CREEK

SIGNATURE: John J. Nooney 137044.0000 ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CORRUPTION ON OUR WATERWAYS. I'll
SHOW ANYONE! DESTRUCTION OF PUBLIC RECORDS. RESILIENCE IS A
JOKE - WAKE UP JOKE STUFF

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