

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Denise Hunt DATE: _____

ADDRESS: 434 Bardsen Rd PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: & The Results Agency

SIGNATURE: Denise Hunt ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

**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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Julie Kaplan DATE: 11/3/2022

ADDRESS: 2912 Sans Pareil St PHONE: 303-304-0911

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32246

REPRESENTING: Self

SIGNATURE: Julie Kaplan ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: John Draper DATE: 11/3/22

ADDRESS: 8250 Weybridge Dr PHONE: 472-1195

CITY: Jax COUNTY: _____ STATE: _____ ZIP: 32244

REPRESENTING: Self

SIGNATURE: John Draper ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Betty Bentley DATE: 11-3-22

ADDRESS: 11863 Pegasus Dr. PHONE: 904-982-3196

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32223

REPRESENTING: Self

SIGNATURE: Betty Bentley ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: STANLEY Scott DATE: 11/3/2022
ADDRESS: P.O. BOX 2672 PHONE: 404-719-7188
CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32203

REPRESENTING: _____

SIGNATURE: Stanley L Scott ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: SHAME SHAME SHAME

Racism is Alive 2022

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*Name & Address are required

NAME: Joseph Lynne DATE: 11/3/22

ADDRESS: 6983 Old ~~State~~ Middleburg Rd S PHONE: 904.634.8514

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32222

REPRESENTING: Self

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Pro-Life/Pro-Freedom/Pro-Election Integrity

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*Name & Address are required

NAME: MEGAN MICHUK DATE: _____

ADDRESS: 47 W 114th ST. PHONE: 917-841-7522

CITY: JAX COUNTY: _____ STATE: FL ZIP: 32206

REPRESENTING: SELF

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are requiredNAME: Jeanna Sadler DATE: 11/3/2022ADDRESS: 12141 Running Brook PHONE: _____CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32225

REPRESENTING: _____

SIGNATURE: Jeanna Sadler ☒ I DO NOT WISH TO SPEAKCOMMENTS FROM THE PUBLIC SUBJECT: I support the current
district and oppose the other district.

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 & Address are required

NAME: Debra Ross DATE: 11/3/22

ADDRESS: 2501 winged elm Dr E PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32246

REPRESENTING: _____

SIGNATURE: Debra Ross ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

SPEAKING TIME IS LIMITED TO **THREE (3) MINUTES PER SPEAKER.**

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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Julie Oakley-Jaeger DATE: 11/3/2022
 ADDRESS: 14030 Atlantic Blvd Unit 3315 PHONE: 612-770-1597
 CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32225
 REPRESENTING: Julie Oakley-Jaeger - Myself
 SIGNATURE: Julie Oakley-Jaeger ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: The original maps should be kept. The redistricting maps being considered now were done w/out the input of the impacted districts. The community of San Mateo should be left in

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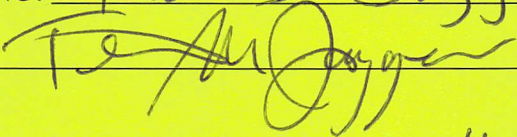
Dist. 2.

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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Thomas Jagger DATE: 3 Nov 2022
ADDRESS: 14030 Atlantic Blvd Unit 3315 PHONE: 612-963-6636
CITY: JAX COUNTY: Duval STATE: FL ~~MA~~ ZIP: 32225
REPRESENTING: Thomas Jagger
SIGNATURE:  ☒ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Keep redistricting map
that was passed by Duval board Council.

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*Name & Address are required

NAME: Yolande Cepeland DATE: 11/03/22
ADDRESS: 149 W 11th Street PHONE: 904-510-5995
CITY: Jacksonville COUNTY: DUVAL STATE: FL ZIP: 32206

REPRESENTING: _____

SIGNATURE: Yolande Cepeland ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I am here to express my opposition
to the new red maps. Please do not split historic
Springfield up.

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*Name & Address are required

NAME: Brittany Richardson DATE: 11/3

ADDRESS: 434 Baisden Rd PHONE: 904-497-5229

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: self

SIGNATURE: Brittany M. Richardson ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: keep animated in district 2.

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*Name & Address are required

NAME: Kevin Luhrs DATE: 11/03/2022

ADDRESS: 1423 Waffle St PHONE: 904-607-0055

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: Myself

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Speaking on redistricting

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*Name & Address are required

NAME: Sybil Barnes DATE: 11-3-22
ADDRESS: 2363 Commonwealth Ave PHONE: _____
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: _____

SIGNATURE: Sybil Barnes ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Kim Pryor DATE: 11-3-22

ADDRESS: 245 W 5th St PHONE: 904-465-1535

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: _____

SIGNATURE: Kim Pryor ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2022 Redistricting

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*Name & Address are required

NAME: Michele Matisoo DATE: 11/03/2022

ADDRESS: 139 37th Ave S PHONE: _____

CITY: Jax Beach COUNTY: Duval STATE: FL ZIP: 32250

REPRESENTING: Self

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Integrity

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*Name & Address are required

NAME: Margie Massoudi Watkins DATE: 11/03/2022

ADDRESS: 7603 Jasper Ave S22N PHONE: _____

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32211

REPRESENTING: Myself

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Integrity

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.

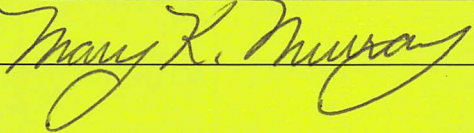
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*Name & Address are required

NAME: Kathleen Murray DATE: 03 NOV 22
ADDRESS: 11674 Gran Crique Ct N PHONE: 757-438-6790
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32223
REPRESENTING: CCDF Duval
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Vanessa Cullins Hopkins DATE: 11-3-22
ADDRESS: 3283 Edgewood Ave. W PHONE: 904-859-4959
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32209

REPRESENTING: self

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Re- Districting -
King Soutel Crossing CRA should be
in 1 district only -

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*Name & Address are required

NAME:

Jordan Wells

DATE:

11/03/2022

ADDRESS:

3151 Second way

PHONE:

CITY:

Jacksonville

COUNTY:

Duval

STATE:

FL

ZIP:

32216

REPRESENTING:

Self

SIGNATURE:



☐

I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT:

Map

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.

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*Name & Address are required

NAME: Shamar Lewis DATE: 11/8/2022

ADDRESS: 6083 Hyde Park Cir PHONE: 904-803-3708

CITY: _____ COUNTY: _____ STATE: _____ ZIP: 32210

REPRESENTING: Coalition of Black Republican Americans

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Carpenter, Oliver DATE: 11-3-22

ADDRESS: 611 E Adams St PHONE: _____

CITY: Tal COUNTY: Duval STATE: FL ZIP: _____

REPRESENTING: _____

SIGNATURE: C. Oliver ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Kelly Rich DATE: Nov 2, 2022
ADDRESS: 1321 N Market St PHONE: 318 548 3503
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: SPAR Council
SIGNATURE: Kelly Rich ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: opposed any redistricting
map that splits Historic Springfield
into 2 or more pieces

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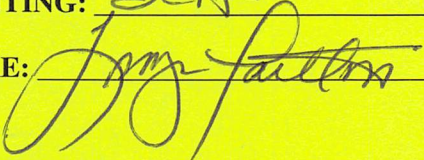
*Name & Address are required

NAME: LEVONUS FARTLOW DATE: 11/3/2022

ADDRESS: 1508 MYRTLE AVE PHONE: 904-502-4896

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32209

REPRESENTING: Self

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: maps.

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*Name & Address are required

NAME: Daniel Henry DATE: 11/3/22

ADDRESS: 8150 Paul Medear Dr Apt 1411 PHONE: 904-708-0749

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32256

REPRESENTING: Self

SIGNATURE: Daniel Henry ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting Maps

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*Name & Address are required

NAME: ESSB, M. HOWARD DATE: 11-3-22
ADDRESS: 1130 Bluehill Dr. N PHONE: 904-885-7306
CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32218
REPRESENTING: NCOJ
SIGNATURE: ESSB M. HOWARD ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: GENERAL COMMENTS

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*Name & Address are required

NAME: John Scott DATE: 11/3/22

ADDRESS: 3838 Hartwood Lane PHONE: 904 891 9891

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32216

REPRESENTING: _____

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Feedback on Map Selection

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*Name & Address are required

NAME: Linda White DATE: 11/3/2022
ADDRESS: 216 Woodrow Street PHONE: (904) 762-7604
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32208
REPRESENTING: _____
SIGNATURE: Linda White ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: "Re-districting Meeting"
☒ I support the current district map.
☒ I oppose the ^{the} "Lawsuit" against the current

SPEAKING TIME IS LIMITED TO **THREE (3) MINUTES PER SPEAKER.** District map.
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*Name & Address are required

NAME: Bill Lewis DATE: 11-3-2022
ADDRESS: 8852 Ivy Mill Place South PHONE: 904-813-9455
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32244
REPRESENTING: Angyle Area Civic Council
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Bill Harf DATE: 11-03-2022

ADDRESS: 1402 N. Laura Street PHONE: 904.449.1753

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Please keep Historic Springfield in the
~~same~~ same city council district - do not divide it.

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*Name & Address are required

NAME: Brian Morrill DATE: 11/3/22

ADDRESS: 2355 Foxhaven Dr E PHONE: 904-383-0877

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32224

REPRESENTING: Self

SIGNATURE: B. Morrill ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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