PLEASE PRINT *Name & Address are required	
NAME: Essay M. HOWAVD DATE	E: 11-1-22
ADDRESS: 1130 Bluehill Dr. N	PHONE: 904-885-7306
CITY: Jacksonville COUNTY: DUVAL	STATE: FL ZIP: 32218
REPRESENTING: NCOJ	
SIGNATURE: 25 M. Howard	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Redistricting	9

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

PLEASE PRINT *Name & Address are required	
NAME: John Draper ADDRESS: 8250 Weybridge Dr	DATE: ////22
ADDRESS: 8250 Weybridge Dr	PHONE:
CITY: <u>Jey</u> COUNTY	Y:STATE:ZIP: <u>32244</u>
REPRESENTING: 5615	
REPRESENTING: 5e/5 SIGNATURE: June Diggs	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	2022-800

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

PLEASE PRINT *Name & Address are required
NAME: Vanessa Cultins Hopkins DATE: 11-22
NAME: Vanessa Cultins Hopkins DATE: 1-1-22 ADDRESS: 3283 Edge Wood Ave. W. PHONE: 904-859-4959
CITY: Jax county: Onval STATE: FL ZIP: 32209
REPRESENTING: ST
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Re-Dittiction

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

PLEASE PRINT *Name & Address are required
NAME: BILLEWIS DATE; 1-1-2022
ADDRESS: 9852 IVX MISS Place SON PHONE: 904-813-9455
CITY: Tackson Me county: Duval STATE: FLZIP: 32244 REPRESENTING: Argxle Area CN. C Council
REPRESENTING: Argyle Area CNC Council
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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

PLEASE PRINT *Name & Address are required	
NAME: Ehnice Barnum	DATE: 10/1/22
ADDRESS: 9121 Spottswood Rd	PHONE: 964 525-4491
CITY: Gax COUNTY: Duval	STATE: 7 ZIP: 32208
REPRESENTING:	
SIGNATURE: Junese Baanum	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	
。 由品质能够进程。 由于自己的,是是是一种的。 由于自己的,是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是	5.60mm(1995年)。1995年(1996年)(1996年)

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

PLEASE PRINT *Name & Address are requi	ired	
NAME: STANKy Scot	DA	TE: 11/01/2022
ADDRESS: P.O. BOX 267	2	PHONE: 1847/97188
CITY: JAX	COUNTY: DUJAC	_STATE: #2_ZIP: 32203
REPRESENTING: AAEICTT		
SIGNATURE: Stanley Scott		_ I DO NOT WISH TO SPEAK
	Record	
COMMENTS FROM THE PUBLIC SUBJE	CCT: VIESPEE V	

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

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

PLEASE PRINT *Name & Address are required
NAME: KATHIERN BECK DATE: 11/1/2022
ADDRESS: 8504 BIShopswood DR PHONE: 904 463-349
CITY: JACKSONVILLE COUNTY: DUVAL STATE: Fl ZIP: 32244
REPRESENTING: ARGY LE ARCA CIVIC COUNSEL
SIGNATURE: Lattlant Beck I I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Redistractory

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

PLEASE PRINT *Name & Address are required
NAME: Ayesha Franklin Covinton DATE: 11/1/22
ADDRESS: 1230 W 3-95+ Apt8 PHONE: 904-853-820
CITY: DAY STATE: P1 ZIP: 32209
REPRESENTING: BOOKlyn. District &
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: USE UNITY MAP

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

PLEASE PRINT	*Name & Address are requi	<u>ired</u>		
	my JACKSON	1	DATE: 11 / 6	12
ADDRESS: 23	1 W. Hord S	it is the second of the second	PHONE:	
CITY: JAX		COUNTY: DUVA	STATE: F	_ZIP: 32208
REPRESENTING				
SIGNATURE	ammy far	ckson		NOT WISH TO SPEAK
COMMENTS FRO	OM THE PUBLIC SUBJE	CCT: Unity M	nap	

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

PLEASE PRINT *Name & Address are required
NAME: DATE: DATE: 27
ADDRESS: 7646 WHENS LEL PHONE: >04-60138
CITY:COUNTY:STATE:ZIP:STATE:
REPRESENTING: MORPH SALLE
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Dedication

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

PLEASE PRINT *Name & Address are required	
NAME: KIU Pryor DAT	E: 11/1/22
ADDRESS: 245 W 5 FM St	PHONE: 904-465-1555
CITY: Jacksonville county: Duval	STATE: FL ZIP: 32206
REPRESENTING:	
SIGNATURE: KINCHTUPL	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Re-districting	

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

PLEASE PRINT *Name & Address are required
NAME: Mike Ludwick DATE: Of 1/1/22
ADDRESS: 13490 Gran Bay Plewy Apt 212 PHONE: 909-674-690
CITY: Jan COUNTY: Dural STATE: FL ZIP: 32258
REPRESENTING: \(\sum_C \omega
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: In Supple A of
Plant of Map.

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

PLEASE PRINT *Name & Address are required
NAME: CEVINE (DIVE DATE: 11-1-30
ADDRESS: PHONE:
CITY: COUNTY: MO STATE: ZIP:
REPRESENTING:
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Red 13 tret 19

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

PLEASE PRINT *Name & Address are required
NAME: SHAMARI LEWIS DATE: 11/1/2022
ADDRESS: 6083 / Lyder frek C. ~ PHONE: 678-379-804
CITY: COUNTY: STATE: ZIP: 32210
REPRESENTING:
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Redistriction

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

PLEASE PRINT *Name & Address are required
NAME: CR. KEVIN M. KUZEL, U.S. NAVY DATE:
ADDRESS: 1/30 A COSTA ST, PHONE:
CITY: TAX FL COUNTY: DUVAL STATE: FL ZIP: 32204
REPRESENTING: SELF SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: REDISTRICTING.

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