

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Breshawna Stewart DATE: wednesday NOV 11 2022
ADDRESS: Labelle St PHONE: _____
CITY: Jax COUNTY: FL STATE: _____ ZIP: 32205
REPRESENTING: _____
SIGNATURE: Breshawna Stewart ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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: JOHN Brooks DATE: 11/2/2022

ADDRESS: 2052 Arlington Cir W 32246 PHONE: _____

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

REPRESENTING: NCOS

SIGNATURE: John M. Brooks ☐ 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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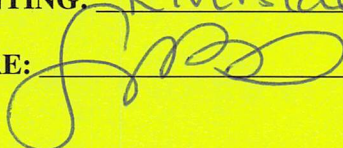
*Name & Address are required

NAME: Shannen Blankinship DATE: 11/2/22

ADDRESS: 1071 Talbot Ave PHONE: _____

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

REPRESENTING: Riverside Avondale Preservation

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

Please retain Riverside + Avondale in
one district

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

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*Name & Address are required

NAME: MARGARET Tockner DATE: Nov. 2, 2022
ADDRESS: 3643 Oak St PHONE: 615-830-9349
CITY: Jax COUNTY: Fla STATE: _____ ZIP: 32205
REPRESENTING: SELF
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Please Keep P.wood Awarding
in ONE Council district

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

NAME: PERRY REYNOLDS DATE: 11/2/22

ADDRESS: 1525 AVONDARE AVE PHONE: 708 337 8312

CITY: TAX COUNTY: DuPage STATE: IL ZIP: 32705

REPRESENTING: RAP

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: OUR GOAL IS TO KEEP OUR
HISTORIC AREA TOGETHER

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

NAME: Stanley Scott DATE: 11/2/2022

ADDRESS: P.O. Box 2672 PHONE: 404 719 7188

CITY: JNX COUNTY: Duval STATE: FL ZIP: 32203

REPRESENTING: _____

SIGNATURE: Stanley Scott ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: HATE / RACISM

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*Name & Address are required

NAME: John Draper DATE: 11/2/22

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: 2022-0500

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*Name & Address are required

NAME: Ben Frazier DATE: 11-2-22

ADDRESS: 5646 WATERSIDE PHONE: _____

CITY: JO COUNTY: FL STATE: _____ ZIP: _____

REPRESENTING: NORTHSIDE COACH

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting


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*Name & Address are required

NAME: Nike Ludwick DATE: 11/2/22
ADDRESS: 13490 Gran Bay Pkwy Apt 212 PHONE: 904-674-6902
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32258
REPRESENTING: NCOS
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Support UNITY mg!

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*Name & Address are required

NAME: Gaille Barnes DATE: 11-2-22
ADDRESS: 2363 Commonwealth Ave PHONE: 904-388-0610
CITY: Jacksonville COUNTY: Devald STATE: FL ZIP: 32207
REPRESENTING: Self
SIGNATURE: Gaille M. Barnes ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Daniel Henry DATE: 11/02/22

ADDRESS: 8150 Point Meadows Dr, Apt 1411 PHONE: 904-708-0749

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

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Essey Howard DATE: 11-2-22

ADDRESS: 1130 Bludhill Dr. N PHONE: 904-885-7306

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

REPRESENTING: NCOJ

SIGNATURE: Essey M. Howard ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: General

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*Name & Address are required

NAME: Vanessa Cullins Hopkins DATE: 11-2-22
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

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*Name & Address are required

NAME: Carne/Olive DATE: 11-2-22

ADDRESS: 611 E Adams St PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: _____

SIGNATURE: C. R. M. P. ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Bryan Hicks DATE: 11/2/2022

ADDRESS: 100 P O Box 12181 PHONE: 678 855 1889

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32204

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Better Light

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*Name & Address are required

NAME:

Kim Pryor

DATE:

11/2/22

ADDRESS:

245 W 5th St

PHONE:

904-465-1555

CITY:

Jacksonville

COUNTY:

Duval

STATE:

FL

ZIP:

32206

REPRESENTING:

SIGNATURE:

Kim Pryor



I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT:

2022 Re-districting

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*Name & Address are required

NAME: Ayesha Franklin Cwings DATE: 11/2/22

ADDRESS: 1230 W 3rd St Apt 8 PHONE: _____

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

REPRESENTING: Plaintiff

SIGNATURE: Ayesha Franklin Cwings ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistributing map

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*Name & Address are required

NAME: Wayne Wood DATE: 11/2/22

ADDRESS: 2821 Riverside Ave PHONE: _____

CITY: Jax COUNTY: _____ STATE: _____ ZIP: 32205

REPRESENTING: self

SIGNATURE: Wayne Wood ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Nancy Powell DATE: 11-2-22

ADDRESS: 1848 Challen Ave PHONE: 608 3792

CITY: Drx COUNTY: _____ STATE: _____ ZIP: 32205

REPRESENTING: Self

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redesigning
Keep Riverside Arondale
together

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*Name & Address are required

NAME: JOE Ross, Sr. DATE: 11/2/2022

ADDRESS: 7361 J.F.K. Dr. E PHONE: 904-329-6259

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

REPRESENTING: NICOS

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

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: SHAMARI LEWIS DATE: 11/2/2022

ADDRESS: 6083 Hyde Park Cir PHONE: 678-379-2048

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

REPRESENTING: Coalition of Black Republican Americans COBRA

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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*Name & Address are required

NAME: Gary Hancock DATE: 11/2/22

ADDRESS: 12700 Bartram Park Bl PHONE: 8168860092

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32258

REPRESENTING: _____

SIGNATURE: Gary Hancock ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

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