

PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carnell Oliver DATE: 11-09-22

ADDRESS: 141 E Adams St PHONE: _____

CITY: Dax COUNTY: Puval STATE: FL ZIP: 32202

REPRESENTING: _____

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

PUBLIC HEARING: Bill Number 2022-800

☐ I Support

☒ I Oppose

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 HEARING - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: John Draper DATE: 11/4/22

ADDRESS: 8250 Weybridge Dr PHONE: 472-1195

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

REPRESENTING: Self

SIGNATURE: John Draper ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-0800
☐ I Support ☐ I Oppose

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Kathleen Murray DATE: 4 NOV 22

ADDRESS: 11674 GRAN CRIQUE CT N PHONE: 757-438-6790

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32223

REPRESENTING: CCDF DUVAL

SIGNATURE: *Kathleen Murray* ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number Redistricting Amendment to add San
☒ I Support ☐ I Oppose Mateo to
District 2

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PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Kelly Rich DATE: 11-04-22
ADDRESS: 1352 N. Main Street PHONE: (318) 548-3402
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: SPAR
SIGNATURE: Kelly Rich ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
☐ I Support ☐ I Oppose

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PLEASE PRINT

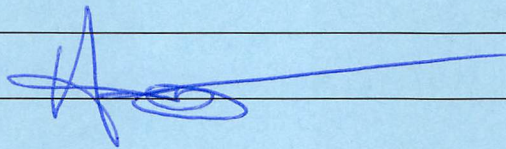
*Name & Address are required

NAME: ANNIE GlynN DATE: 11/4/22

ADDRESS: 2145 College St. PHONE: 910-443-9064

CITY: Jacksonville COUNTY: DUVAL STATE: FL ZIP: 32204

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800

☐ I Support

☐ I Oppose

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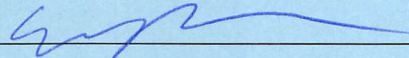
*Name & Address are required

NAME: Eric Parker DATE: 11/4/22

ADDRESS: 2720 Garbis Ln PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32226

REPRESENTING: Myself

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
☐ I Support ☒ I Oppose

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*Name & Address are required

NAME: Barbara Moore DATE: 11/4/22
ADDRESS: 1438 Harrington Park Dr PHONE: 904 625 5082
CITY: Jay COUNTY: Duval STATE: FL ZIP: 32225
REPRESENTING: self
SIGNATURE: Bar M ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
☒ I Support ☐ I Oppose

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*Name & Address are required

NAME: Vanessa Cullins Hopkins DATE: 11-4-22

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

PUBLIC HEARING: Bill Number Re districting

☒ I Support

☐ I Oppose

for King Soutel CRA in 4

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*Name & Address are required

NAME: Mike Ludwick DATE: 11/4/22
ADDRESS: 13490 Gran Bay Pkwy Apt 202 PHONE: 904-674-6916
CITY: Tam COUNTY: FL Duval STATE: _____ ZIP: 32258
REPRESENTING: North Side Coalition
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number

2022-800

☐

I Support

☒

I Oppose

Support Plaintiff

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*Name & Address are required

NAME: Wayne Wood DATE: 11/4/22

ADDRESS: 2821 Riverside Ave PHONE: _____

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

REPRESENTING: self

SIGNATURE: Wayne Wood ☐ I DO NOT WISH TO SPEAK

2022-800
PUBLIC HEARING: Bill Number _____
☐ I Support ☐ I Oppose

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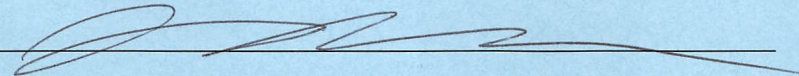
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*Name & Address are required

NAME: Jack Roman DATE: 11/4/22
ADDRESS: 2618 Dahlway Dr PHONE: 904 801 4301
CITY: Jacksville COUNTY: Duval STATE: FL ZIP: 32224
REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 22-860
☐ I Support ☒ I Oppose

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*Name & Address are required

NAME: PERRY REYNOLDS DATE: 7/14/22
ADDRESS: 1525 Aromance Ave PHONE: 708 3578312
CITY: JAN COUNTY: DuPage STATE: GA ZIP: 32201
REPRESENTING: RAP
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number 2022-800
☐ I Support ☐ I Oppose

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*Name & Address are required

NAME: Shannon Blankenship DATE: 11/4

ADDRESS: 1071 Talbot Ave PHONE: _____

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

REPRESENTING: Riverside Avondale Preservation

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

PUBLIC HEARING: Bill Number 2022-800
☐ I Support ☐ I Oppose

Retain Riverside Avondale In one district

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*Name & Address are required

NAME: Michelle Hollie DATE: 11/4/22

ADDRESS: ~~On Site~~ 2833 Herschel St. #4 PHONE: 864-1421

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

REPRESENTING: _____

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800

☐ I Support

☒ I Oppose

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*Name & Address are required

NAME: Ed Conner DATE: 11/4/22

ADDRESS: 230 E. 8th St. PHONE: (502) 682-1775

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

REPRESENTING: _____

SIGNATURE: Ed Conner ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800

☐ I Support ☒ I Oppose

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*Name & Address are required

NAME: Rosimar Duca DATE: 11/04/22

ADDRESS: 12551 Brady Place blvd PHONE: 787-678-9629

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

REPRESENTING: _____

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

PUBLIC HEARING: Bill Number 2022-800 Approve the amendment that
☐ I Support ☐ I Oppose
will add San Mateo back District 2 and maintain

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. District 7
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

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PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Ayesha Franklin Covington DATE: 11/4/2022
ADDRESS: 1230 W 3rd St Apt 8 PHONE: _____
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32209
REPRESENTING: Plaintiff
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
☐ I Support ☒ I Oppose

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*Name & Address are required

NAME: Charles BAN DATE: 11-4-22

ADDRESS: 1818 Forbes Ln PHONE: 907 620 8222

CITY: FAIRBANKS COUNTY: Denali STATE: AK ZIP: 99701

REPRESENTING: self

SIGNATURE: Charles Ban ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
☐ I Support ☐ I Oppose

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PUBLIC HEARING - REQUEST TO SPEAK / REGISTER

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*Name & Address are required

NAME: Kim Pryor DATE: 11-4-22

ADDRESS: 245 W 5th Street PHONE: 904-465-1555

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

REPRESENTING: _____

SIGNATURE: Kim Pryor ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
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*Name & Address are required

NAME: Nancy Powell DATE: 11-4-22
ADDRESS: 1848 Challen PHONE: 608 3792
CITY: Dix COUNTY: _____ STATE: _____ ZIP: 532205
REPRESENTING: Self
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK
2022-800
PUBLIC HEARING: Bill Number _____ ☐ I Support ☐ I Oppose

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*Name & Address are required

NAME: Eunice Barnum DATE: 11/4/22

ADDRESS: 9121 Spottswood Rd PHONE: _____

CITY: gat COUNTY: Dauphin STATE: FL ZIP: 32208

REPRESENTING: _____

SIGNATURE: Eunice Barnum ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-860
☐ I Support ☒ I Oppose

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*Name & Address are required

NAME: Stanley Scott DATE: 8/04/2022
ADDRESS: P.O. Box 2672 PHONE: 404-719-7188
CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32203
REPRESENTING: _____
SIGNATURE: Stanley Scott ☐ I DO NOT WISH TO SPEAK
PUBLIC HEARING: Bill Number 2022-0580
☐ I Support ☒ I Oppose

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PLEASE PRINT

*Name & Address are required

NAME: Lori Crunden DATE: 11/4/2022
ADDRESS: 242 San Pablo Rd. N. PHONE: (904) 237-1067.
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32225

REPRESENTING: _____

SIGNATURE:  ☒ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800

☒ I Support ☐ I Oppose

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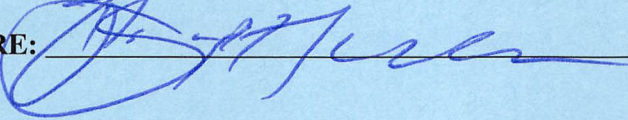
*Name & Address are required

NAME: ORREN SHUMAKER DATE: 11/4/2022

ADDRESS: 303 W 4TH ST PHONE: 850 2128311

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

REPRESENTING: NEIGHBORHOOD

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

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*Name & Address are required

NAME: Richard A. Ceriello DATE: 11/04/22

ADDRESS: 2767 Herschel St PHONE: 904 422-0046

CITY: Tar COUNTY: Duval STATE: Fla ZIP: 32205

REPRESENTING: R A P

SIGNATURE: Richard A. Ceriello ☒ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number 2022-800
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*Name & Address are required

NAME: Allison Vaughan DATE: 11/4/22
ADDRESS: 40 W 11th Street PHONE: 843 283 1835
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: Business
SIGNATURE: AEO ☐ I DO NOT WISH TO SPEAK

PUBLIC HEARING: Bill Number _____
☐ I Support ☐ I Oppose

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