

SPEAKER'S CARD (Please Print)

I.a
①

NAME KRISTIN BAKKE

ADDRESS 203 GRANT AVENUE
Cocoa Beach FL STREET 32931
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT LEAD BREWARD

SUBJECT 1a. general government

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Kristin Bakke
Signature

4/25/17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
②

NAME Maria Stani

ADDRESS 2575 N. Courtney Pkwy
Merrick Island FL STREET 32953
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Health Dept.

SUBJECT funding for health department in Brevard

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Maria Stani
Signature

4/25/17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

L.a
③

NAME Steven J. Heron

ADDRESS 1915 Lazy Lane
CITY Cocoa STATE FL STREET 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Titusville Playhouse

SUBJECT Funding for the Arts.

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.


Signature

4.25.17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

L.a
④

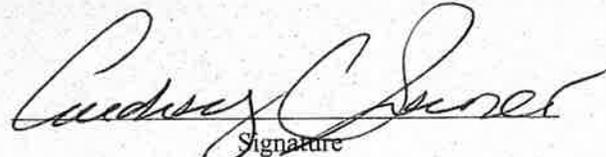
NAME Audrey Joiner

ADDRESS 2555 Judge Fran James Dr Way
CITY Vera STATE FL STREET 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Space Coast Volunteers in medicine

SUBJECT FDOH funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.


Signature

4/25/2017
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
5

NAME Jennifer Floy

ADDRESS 642 E ystar
Rockledge # FL STREET 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Healthy Start

SUBJECT Health Department - Maternity

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

J F
Signature

4.25.17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
6

NAME Larry W. Nissen, D.D.S

ADDRESS 2424 Willowbrook Road
Merritt Island # FL STREET 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard County Dental Society

SUBJECT Volunteer Adult Dental Clinic
Health Department funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Larry W. Nissen, D.D.S
Signature

April 25, 2017
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I, a
⑦

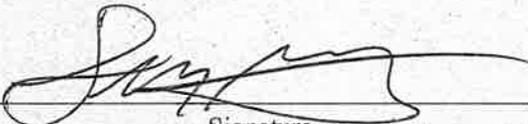
NAME Shane Burgman

ADDRESS 2300 Oak Creek Cir.
Melbourne FL 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT 321M, BCA

SUBJECT City Budget cut

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.


Signature

4.25.17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I, a
⑧

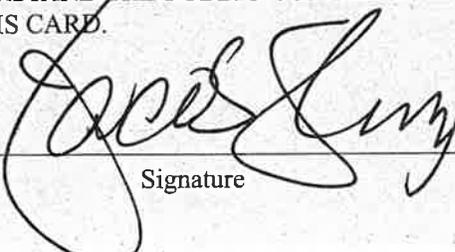
NAME JACOB STUART

ADDRESS 75 SOUTH IVANHOE BLVD.
ORLANDO FL 32804
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT ORLANDO ECONOMIC PARTNERSHIP

SUBJECT Regional Engagement

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.


Signature

4/20/17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
⑨

NAME Joe Mayer
ADDRESS 1614 Aito Vista Drive
Melbourne # FL STREET 32940
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT BCA

SUBJECT 2018 Cmty Budget
Arts & Culture

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Joe Mayer Signature 4/25/17 Date
AGENDA #

SPEAKER'S CARD (Please Print)

I.a
⑩

NAME Delores Spearman
ADDRESS 51 Ridge Court
Rockledge # FL STREET 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard Cultural Alliance

SUBJECT Arts & Culture
Delores Spearman

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Delores Spearman Signature 4/25/17 Date
AGENDA #

SPEAKER'S CARD (Please Print)

I.a
⑪

NAME Danielle Jewett

ADDRESS 1000 Inspiration Ln
Melbourne # FL STREET 32934
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT AMI Kids Space Coast

SUBJECT Brevard Cultural Alliance

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Danielle Jewett 4/25/17
Signature Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
⑫

NAME Holly Carver

ADDRESS 391 Waterside Circle
Titusville # FL STREET 32780
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT n/a

SUBJECT Arts & Culture

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Holly Carver 4/25/17
Signature Date

AGENDA #

SPEAKER'S CARD (Please Print)

T.a
13

NAME Eric Panenka

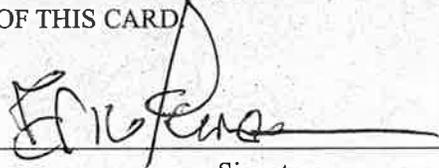
ADDRESS 1234 Main Street

Melbourne FL 32935
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT 321 Millennials

SUBJECT CBO budget cuts

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

4.25.17

Date

AGENDA #

SPEAKER'S CARD (Please Print)

T.a
14

NAME Lee Sorensen

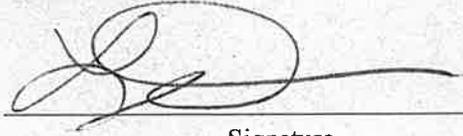
ADDRESS _____
STREET

_____ CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard Achievement Ctr.

SUBJECT Art Programs

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

4.25.17

Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
13

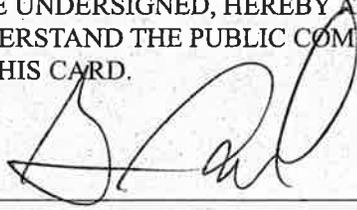
NAME Dr Gerald Bird

ADDRESS 1983 Rockledge Dr
Rockledge # FL STREET 32558
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT Brevard Co Dental Assoc

SUBJECT Budget Cut to Health Dept.

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

4/25/17

Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
16

NAME Tony Colombari

ADDRESS 460 Monaco Dr
Indian Lake # FL STREET 32905
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT 321M, Green Gables

SUBJECT BCA Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

4/25/17

Date

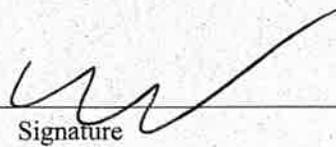
AGENDA #

SPEAKER'S CARD (Please Print)

I.a
17

NAME Keith Winston
ADDRESS 1937 Auburn Lakes Drive
Rockledge FL 32955
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT Brevard 200
SUBJECT BCA Funding

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.


Signature

4/25/17
Date

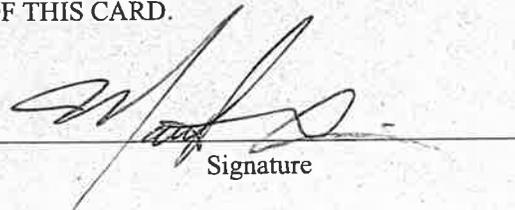
AGENDA #

SPEAKER'S CARD (Please Print)

I.a
18

NAME Maria Susin
ADDRESS 2612 Addington Cir
Rockledge FL 32955
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT BCA Schoolboard
SUBJECT BCA

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.


Signature

4/25/17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
19

NAME Libby Donaghe

ADDRESS 2800 Williams Dr

Melbourne CITY FL STATE 32901 STREET ZIP CODE

ORGANIZATION YOU REPRESENT 2-1-1 Broward

SUBJECT 2-1-1

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

4.25.17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I.a
20

NAME James Anton

ADDRESS 578 Wetherfield Pl

Melb. CITY FL STATE 32940 STREET ZIP CODE

ORGANIZATION YOU REPRESENT self - volunteer dentist

SUBJECT Health Dep - Dental Budget

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

4/25/17
Date

AGENDA #

SPEAKER'S CARD (Please Print)

I. 6
2

NAME VINCE LAMB
ADDRESS 11590 DRAGON POINT DR
MERRITT ISLAND # FL STREET 32952
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT _____
SUBJECT BUDGET - PARKS

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature] 9/25/17
Signature Date

AGENDA #

SPEAKER'S CARD (Please Print)

NAME Aaron Collins
ADDRESS 427 Horseshoe Bend Cir
Cocoa # FL STREET 32926
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT BCA - Space Coast Symp
SUBJECT _____

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature] 4/29/16
Signature Date

AGENDA #

SPEAKER'S CARD (Please Print)

I b
①

NAME R. T. "Bo" Platt

ADDRESS 844 W. Whitmore Dr.
Melbourne FL 32955
CITY STATE ZIP CODE

ORGANIZATION YOU REPRESENT _____

SUBJECT PART Budget

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

[Signature]
Signature

4-25-2017
Date

AGENDA #