



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: Apr 16 PLEASE PRINT Time: 6:34

Agenda/Item Number: _____

Issue: _____

Name: Jame Salamanca

Mailing address: 3225 Margro St

City: Coral Gables State/Zip: FL 33134

Phone: 786 239 8676 E-mail: salamanca10@ms.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: Myself

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Supporting Chief Police and
Mayor Lago

Signature _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4-16 Time: 1 PM

Agenda/Item Number: F-11

Issue: POLICE VACANCIES

Name: JR HOLMES

Mailing address: 25 S. DONIA

City: CORAL GABLES State/Zip: FL

Phone: 305 723 8000 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: SELF

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

1. HIRE - 2. NO TO ABOVE THE LAW PENSIONS
3. YES TO OTHER UNION ASST.

Signature: _____

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



City of Coral Gables
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Date: 4/12/04 Time: 3:40 P

Agenda/Item Number: F11

Issue: FOP CG PD CONTRACT

Name: FERNANDO AWAPEZ

Mailing address: 815 Ponce de Leon Blvd

City: CORAL GABLES FL State/Zip: 33134

Phone: 305 723 1876 E-mail: FWA@AWAREZ.COM

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: _____

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Date: 4/16/04 Time: _____

Agenda/Item Number: F-11

Issue: _____

Name: _____



Mailing address: _____

City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: thebeachcrz4@aol.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: Maria C. Cruz

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Request to Address City Commission

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PLEASE PRINT

Date: 4/16/04 Time: _____

Agenda/Item Number: F-11

Issue: Police Vacancies

Name: Christopher Challenger

Mailing address: 265 Senilla Ave

City: Coral Gable State/Zip: 33134

Phone: _____ E-mail: ccchallenger@coralgables.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: Christopher Challenger

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