



City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 9-12-23 PLEASE PRINT Time: 8AM

Agenda/Item Number: E-3 23 6184

Issue: ELECTION DATES

Name: AARON GLASSER

Mailing address: 90 EDGEWATER DRIVE

City: CORAL GABLES State/Zip: 33137

Phone: 305 794 5892 E-mail: AGLASSER@BELL SOI

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No 1051

Representing: \_\_\_\_\_

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> I wish to speak        | <input checked="" type="checkbox"/> Proponent   |
| <input checked="" 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:  
PLEASE CHANGES DATES

Signature \_\_\_\_\_



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 9/13/2023 Time: 8:47 AM

Agenda/Item Number: E-3 23-6188

Issue: Changing Date of Elections

Name: Tom Wells

Mailing address: 1310 Coral Way

City: Coral Gables State/Zip: FL 33134

Phone: 305 588-3984 E-mail: tometwells@law.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 checked="" type="checkbox"/> Opponent    |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

I oppose the change in the date of elections for Commissioners

Signature: Thomas Wells

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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PLEASE PRINT

Date: 9/13/2023 Time: 9:30 AM

Agenda/Item Number: E-3

Issue: \_\_\_\_\_



Phone: 305-323-2154 E-mail: theheadhenry@cpa.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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**City of Coral Gables**  
**Request to Address City Commission**

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Date: 9.13.23 PLEASE PRINT Time: 9:00

Agenda/Item Number: E-3

Issue: CHANGE OF ELECTION

Name: VENNY TORRE

Mailing address: 450 VALENCIA AVE

City: CG State/Zip: 33134

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Yes  No

Representing: \_\_\_\_\_

- 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:

\_\_\_\_\_  
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Signature [Signature]

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**City of Coral Gables**  
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Date: 9/13 PLEASE PRINT Time: 9:00

Agenda/Item Number: E-3

Issue: Election Change

Name: Nicolas Cabrera

Mailing address: 45 ANITA AVE

City: Coral Gables State/Zip: FL, 33134

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Yes  No

Representing: \_\_\_\_\_

- 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:

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Signature [Signature]

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**City of Coral Gables**  
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PLEASE PRINT

Date: 9/3/23 Time: 9:15

Agenda/Item Number: E-3

Issue: moving election date

Name: Chip Withers

Mailing address: 1104 Hadlee Rd

City: Cb State/Zip: FL 33146

Phone: 3052167972 E-mail: chip.withers@owitherstrans.com

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

Representing: SELF

- |   |   |
|---|---|
| <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:  
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 \_\_\_\_\_

Signature \_\_\_\_\_



**City of Coral Gables**  
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PLEASE PRINT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: \_\_\_\_\_

Name: Jim CASON

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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:  
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 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_



**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

Date: 9/13 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: E-3

Name: SAMUEL LAWSON

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 [Handwritten Signature]

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**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

Date: 9-12-23 PLEASE PRINT Time: 9:30 am

Agenda/Item Number: I E-3

Issue: Move municipal elections to

Name: Annie Betancourt November

Mailing address: 1261 Ortega Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305 491-5279 E-mail: anniebetancourt9

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No @gmail.com

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:  
Favor the change of date  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

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**City of Coral Gables**  
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Date: 9/13/23 PLEASE PRINT Time: 9:35 AM

Agenda/Item Number: E3

Issue: ELECTIONS DATE

Name: ED SANTAMARIA

Mailing address: 47 SAN SEBASTIAN AVE.

City: CORAL GABLES State/Zip: 33134

Phone: \_\_\_\_\_ E-mail: edsantass@att.net

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:  
IN SUPPORT OF CHANGING DATE TO  
NOVEMBER

Signature \_\_\_\_\_

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**City of Coral Gables**  
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Date: 9/13/23 PLEASE PRINT Time: 9:20 AM

Agenda/Item Number: E-3

Issue: VOTING DATES

Name: GORDON SOKOLOFF

Mailing address: 225 Alesio Ave.

City: CORAL GABLES State/Zip: FL 33134

Phone: 305-708-0826 E-mail: GORDON536@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:  
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 \_\_\_\_\_

Signature \_\_\_\_\_

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City of Coral Gables  
Request to Address City Commission

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Date: 9/13/23 PLEASE PRINT Time: 9:45 AM  
~~9/13/23~~

Agenda/Item Number: ITEM E-3

Issue: CHANGE ELECTION DATES

Name: ~~LA~~ LAUREANO CANCIO

Mailing address: 1250 BIRD ROAD

City: CORAL GABLES State/Zip: 33146

Phone: 305-569-0515 E-mail: \_\_\_\_\_

laureano.cancio@

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

Representing: ITEM E-3

- 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:  
AGAINST APPROVAL OF  
ITEM E-3

Signature [Handwritten Signature]



**City of Coral Gables** Order of receipt \_\_\_\_\_  
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PLEASE PRINT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: November ~~Station~~ Election

Name: Alicia Fernandez

Mailing address: 6000 Granada

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: 305 606-3036 E-mail: \_\_\_\_\_

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:  
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 \_\_\_\_\_  
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Signature \_\_\_\_\_

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PLEASE PRINT

Date: 9/13 Time: 9:30

Agenda/Item Number: E-3

Issue: Election Date

Name: Lourdes R. Abadín

Mailing address: 55 Merrick Way

City: CG State/Zip: 33134

Phone: 31812-4345 E-mail: abadin@ehmuni.com

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

Representing: \_\_\_\_\_

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> I wish to speak <u>or donate my time</u> | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak <u>to another speaker</u>    | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak                      | <input type="checkbox"/> To provide information |

Comments regarding this issue:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature Lourdes R. Abadín

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