

PUBLIC SPEAKER CARD

Date 6/11/24

Agenda item # 240504

NAME (Please print) Reginald Silvers

STREET ADDRESS 10500 SKILES AVE CITY KC STATE MO ZIP CODE 64134

EMAIL ADDRESS _____ ORGANIZATION REPRESENTED _____

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: _____

Thank you for your interest and participation in city government.
Please contact the City Clerk with any questions, **816-513-6401** or clerk@kcmo.org



PUBLIC SPEAKER CARD

Date 6/4/24

Agenda item # 280504

NAME (Please print) ANJOU GIRI (Giri)

STREET ADDRESS 402 E BANNISTER RD CITY KANSAS MO STATE MO ZIP CODE 64131

EMAIL ADDRESS a & giri@strategiesfd.com ORGANIZATION REPRESENTED SWD INC.

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: Represent SWD's work & merits

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PUBLIC
SPEAKER CARD

Date 6/11/2024

Agenda item # 240504

Pedro Zamora

NAME (Please print)

1722 Holley ST

STREET ADDRESS

KC

CITY

MO

STATE

64108

ZIP CODE

PZamora@KCHEDC.org

EMAIL ADDRESS

Hispanic Economic Development Corp

ORGANIZATION REPRESENTED

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: _____

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PUBLIC
SPEAKER CARD

Date 6/11/2024

Agenda item # 240504

Beto Lopez

NAME (Please print)

1015 Avenida Cesar Chavez

STREET ADDRESS

Kansas City

CITY

MO

STATE

64108

ZIP CODE

Blopez@GuadalupeCenters.org

EMAIL ADDRESS

Guadalupe Centers, Inc

ORGANIZATION REPRESENTED

I wish to address the Council:



Yes



No

In favor

Opposed



Other _____

Comments: _____

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PUBLIC SPEAKER CARD

Date 6/11/24

Agenda item # 240504

NAME (Please print) Rachel Casey - Community Assistance Council

STREET ADDRESS 10901 Blue Ridge Blvd. CITY KC MO STATE MO ZIP CODE 64134

EMAIL ADDRESS rachel.casey@cacckc.org ORGANIZATION REPRESENTED Community Assistance Council

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: _____

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PUBLIC
SPEAKER CARD

Date 6/11/24

Agenda item # 240504

JANET BAUER, KC SHEPHERD'S CENTER
NAME (Please print)

9200 WARD PARKWAY, STE 200 KC MO 64114
STREET ADDRESS CITY STATE ZIP CODE

janet@kcshepherdscenter.org KC SHEPHERD'S CENTER
EMAIL ADDRESS ORGANIZATION REPRESENTED

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: REQUESTING INCREASED FUNDING FOR LOW-
INCOME SENIORS TO RECEIVE MEALS ON WHEELS.

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PUBLIC SPEAKER CARD

Date 6 / 12 / 24

Agenda item # 24054

Deb Herman
NAME (Please print)

5340 N. Cleburne
STREET ADDRESS

CITY

STATE

ZIP CODE

deb_herman@uni.org
EMAIL ADDRESS

NNI
ORGANIZATION REPRESENTED

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: _____

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Please contact the City Clerk with any questions, **816-513-6401** or **clerk@kcmo.org**



PUBLIC SPEAKER CARD

Date ___/___/___

Agenda item # _____

NAME (Please print) Patricia Wilkins (Belmore)

STREET ADDRESS 3200 Wayne Avenue CITY KC STATE Mo ZIP CODE 64109

EMAIL ADDRESS pwilkins@gtcnic@outlook.com ORGANIZATION REPRESENTED Greater KC Housing Information

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: As a HUD housing counseling this is much needed to address the needs of our community

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PUBLIC SPEAKER CARD

Date 6 / 11 / 24

Agenda item # 240504

Becky Poitras
NAME (Please print)

1021 Wellington Way Liberty Mo 64068
STREET ADDRESS CITY STATE ZIP CODE

Becky.poitras@mumkc.org Metro Lutheran Ministry
EMAIL ADDRESS ORGANIZATION REPRESENTED

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: _____

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PUBLIC
SPEAKER CARD

Date 6/11/2024

Agenda item # _____

TAMARA CLARK SYKES
NAME (Please print)

4510 E. LINWOOD BLVD
STREET ADDRESS

KC
CITY

MO
STATE

64111
ZIP CODE

TSYKES@DUBOISLC.ORG
EMAIL ADDRESS

W. E. B. DUBOIS LEARNING CENTER
ORGANIZATION REPRESENTED

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: Show support of funding for DuBois Learning Center

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PUBLIC
SPEAKER CARD

Date 6/11/24

Agenda item # CAB6

JOHN FIENNO
NAME (Please print)

148 N. Toppings Ave KC MO 64113
STREET ADDRESS CITY STATE ZIP CODE

jfierno@mattierkodes.org Mattie Rhodes Center
EMAIL ADDRESS ORGANIZATION REPRESENTED

I wish to address the Council: Yes No
 In favor Opposed Other _____

Comments: Support CAB6 Request by Mattie Rhodes Center

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PUBLIC SPEAKER CARD

Date ___/___/___

Agenda item # _____

NAME (Please print) John Modest Mike S

STREET ADDRESS 2525 E. 27th CITY KC STATE MO ZIP CODE 64127

EMAIL ADDRESS john.modest@kc.mo.gov ORGANIZATION REPRESENTED _____

I wish to address the Council: Yes No

In favor Opposed Other _____

Comments: _____

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