Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) ADDRESS: TELEPHONE NUMBER: This information is a Public Record.

| Please print all information. Please return to de                                    | esignated library starr member.   |
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| Please use one form for each agenda item you   | wish to comment on.   |
| I request to speak on the following topic, (Your name will be called to approach the | /Agenda Item #:   |
| I do not wish to speak but would like my meeting. (Your name will not be called to   | written comment below added to the public record of this approach the Board to speak.)  |
|  |   |
|  |   |
| FULL NAME: Nan. Johnso   | N   |
| ADDRESS: 51delly L   | A   |
| TELEPHONE NUMBER:  | EMAIL:  |
|  | Please use one form for each agenda item you  I request to speak on the following topic (Your name will be called to approach the I do not wish to speak but would like my meeting. (Your name will not be called to FULL NAME: Name to Add |

|   | Please print all information. Please retur | urn to designated library staff member.  |           |
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|   | Please use one form for each agenda ite    | em you wish to comment on.   |           |
| R |  | ng topic/Agenda Item #:2  oach the Board to speak.)  like my written comment below added to the public reconciled to approach the Board to speak.) | ord of th |
|   |  |  |           |
|   |  |  |           |
|   | FULL NAME: Sonnet Irelan                   | nd   |           |
|   | ADDRESS:                                   |  |           |
|   | TELEPHONE NUMBER:                          | EMAIL:   |           |

#### Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) oxanne Newman ADDRESS: TELEPHONE NUMBER: EMAIL: This information is a Public Record.

# 5

|     | Please print all information. Please return to design<br>Please use one form for each agenda item you wish |   |
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| )R  | I request to speak on the following topic/Age (Your name will be called to approach the Bo                 | enda Item #: 2 - F  |
| *** | I do not wish to speak but would like my write meeting. (Your name will not be called to app               | tten comment below added to the public record of this proach the Board to speak.) |
|     |  |   |
|     |  |   |
|     | FULL NAME: PUTH TERRY-   |   |
|     | ADDRESS:   | ABITA SPRINGS   |
|     | TELEPHONE NUMBER: This information is a Public Record.   | EMAIL:  |



Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. I request to speak on the following topic/Agenda Item #: \_\_\_\_ (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) **FULL NAME:** ADDRESS: TELEPHONE NUMBER: EMAIL: This information is a Public Record.

|      | Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.                         |
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|      | I request to speak on the following topic/Agenda Item #:  |
| OR   | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
|      | Expuse respons  |
| FULI | NAME: LIGARUSTEMBERS  |
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|    | Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.                        |     |
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|    | I request to speak on the following topic/Agenda Item #: (Your name will be called to approach the Board to speak.)  |     |
| OR | I do not wish to speak but would like my written comment below added to the public record of the meeting. (Your name will not be called to approach the Board to speak.) | nis |
|    | meeting. (Tour name will not be called to approach the board to speak.)  |     |
|    |  |     |
|    |  |     |
|    | FULL NAME: Joan Simm   |     |
|    | ADDRESS: COUNTRY TO 433  |     |
|    | TELEPHONE NUMBER: EMAIL:   |     |

|   | Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.           |                |
|---|--|----------------|
| R | I request to speak on the following topic/Agenda Item #: _F PNS (Your name will be called to approach the Board to speak.)                                 | sed            |
|   | I do not wish to speak but would like my written comment below added to the public meeting. (Your name will not be called to approach the Board to speak.) | record of this |
|   |  | _              |
|   | FULL NAME: BONNIE Schmidt  |                |
|   | ADDRESS:   | (              |
|   | TELEPHONE NUMBER: EMAIL:   |                |

| )R | Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.  I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.) |
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|    | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.)   |
|    | FULL NAME: Seri Creson  ADDRESS: Counstan   |
|    | TELEPHONE NUMBER:EMAIL: _ This information is a Public Record.  |

|     | Please print all information. Please return to designated library staff member.  |
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|     | Please use one form for each agenda item you wish to comment on.   |
| OR. | I request to speak on the following topic/Agenda Item #:   |
| אכ  | I do not wish to speak but would like my written comment below added to the public record of the meeting. (Your name will not be called to approach the Board to speak.) |
|     |  |
|     | FULL NAME: Jonathan Varnado  |
|     | ADDRESS: Medizenville, Lt 70447  |
|     | TELEPHONE NUMBER: EMAIL:   |

14

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. I request to speak on the following topic/Agenda Item #: \_\_\_\_ (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) books is not exer a positive FULL NAME: ADDRESS: EMAIL: TELEPHONE NUMBER:

This information is a Public Record.

|   | Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.                  |           |
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|   | I request to speak on the following topic/Agenda Item #:   Library Books (Your name will be called to approach the Board to speak.)                               |           |
| R | I do not wish to speak but would like my written comment below added to the public record meeting. (Your name will not be called to approach the Board to speak.) | d of this |
|   |   |           |
|   |   |           |
|   | FULL NAME: CAMILLE THOMPSON   |           |
|   | ADDRESS:  |           |
|   | TELEPHONE NUMBER: EMAIL: This information is a Public Record  |           |

16

|    | Please print all information. Please return to designated library staff member.                   |
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|    | Please use one form for each agenda item you wish to comment on.                                  |
|    | I request to speak on the following topic/Agenda Item #:  |
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|    | I do not wish to speak but would like my written comment below added to the public record of this |
|    | meeting. (Your name will <b>not</b> be called to approach the Board to speak.)                    |
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|    | + 0 . 11  |
|    | FULL NAME: Fran Smith   |
|    |   |
|    | ADDRESS:  |
|    |   |
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Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

| *       | I request to speak on the following topic/Agenda Item #: F - GRAPHIC NOVELS  (Your name will be called to approach the Board to speak.)                                   |
|---------|---|
| OR —    | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
|         |   |
|         |   |
| FULL NA | ME: KITTY CARMONY   |
| ADDRES  | S: 50 DEU, LA 70458   |
|         | ONE NUMBER EMAIL: EMAIL: EMAIL:   |

| P | Please print all information. Please return to designated library staff member.                   |
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| P | Please, use one form for each agenda item you wish to comment on.                                 |
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| _ | I request to speak on the following topic/Agenda Item #: 2 F                                      |
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|   | meeting. (Your name will <b>not</b> be called to approach the Board to speak.)                    |
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| - | 1:  |
| - | THE MANAGE Chaistras none   |
| ٦ | FULL NAME: CHITSTIGH Suprean  |
| , | ADDRESS:  |
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| Т | TELEPHONE NUMBER: EMAIL:  |
|   | This information is a Public Record.  |

#### 21

#### PUBLIC COMMENT FEBRUARY 28, 2023 MEETING OF THE ST TAMMANY PARISH LIBRARY BOARD OF CONTROL

| Please print all information. Please return to designated library staff member.   |
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| Please use one form for each agenda item you wish to comment on.  |
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| I request to speak on the following topic/Agenda Item #: 2F  (Your name will be called to approach the Board to speak.) |
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| meeting. (Your name will not be called to approach the Board to speak.)   |
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| content integrity cecesimtability   |
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| FULL NAME: Sleannene Knaler   |
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| ADDRESS: Madesmy: 1/2 ha  |
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OR

| DR | Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.  I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.)  I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |  |
|----|--|--|
|    | FULL NAME: Jean Wiggin  ADDRESS:  TELEPHONE NUMBER:  |  |

| Please use  I rec (You OR I do                 | int all information. Please return to designate e one form for each agenda item you wish to quest to speak on the following topic/Agendur name will be called to approach the Board one wish to speak but would like my writter eting. (Your name will not be called to approach | to speak.) | ublic record of this |
|--|--|------------|----------------------|
| FULL NAME: ADDRESS: TELEPHONE N This informati | Caura Dinapolis  UMBER: On is a Public Record.   | Covington  | -<br>LA 70433        |

# 26

|   | Please print all information. Please return to designated library staff member.   |
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|   | Please use one form for each agenda item you wish to comment on.  |
|   | Your name will be called to approach the Board to speak.)   |
| R | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
|   | As a vitter, I appose consorship of ing book.  Public definition - messible to everyone.  |
|   | my law bollars, my choice   |
|   | FULL NAME: Michille Garaner   |
|   | ADDRESS: Madisonville   |
|   | TELEPHONE NUMBER: EMAIL: _  |

#### PUBLIC COMMENT

#### FEBRUARY 28, 2023 MEETING OF THE ST TAMMANY PARISH LIBRARY BOARD OF CONTROL



Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

|          | I request to speak on the follow<br>(Your name will be called to app            |               |           |                       |
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|          | I <u>do not</u> wish to speak but wou<br>meeting. (Your name will <b>not</b> be |               |           | public record of this |
|          |   |               |           | _                     |
|          | 1 0   |               |           |                       |
| FULL NAM | E: Robert H. Sm   | JL.           |           |                       |
| ADDRESS: |   | , Maneleville | ,LA 70448 |                       |
|          | E NUMBER:   | EMAIL:        |           |                       |

#### PUBLIC COMMENT

|      | Please print all information. Please return to designated library staff member.   | 11           |
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|      | Please use one form for each agenda item you wish to comment on.  |              |
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|      | I request to speak on the following topic/Agenda Item #:  |              |
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|      | meeting. (rour name will not be called to approach the board to speak.)   |              |
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| FUL  | IL NAME: Arthur Laugh In  |              |
|      | Style   |              |
| ADD  | DRESS:  | 1            |
| TELL | EDHONE NUMBER   |              |
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#### 30

|   | Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.                         |
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| R | I request to speak on the following topic/Agenda Item #: (Your name will be called to approach the Board to speak.)   |
|   | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
|   |   |
|   | FULL NAME: Maureun DiBrien  |
|   | ADDRESS: Mandeville 70470   |
|   | TELEPHONE NUMBER: EMAIL: This information is a Public Record.   |

#### PUBLIC COMMENT

|                                   | ll information. Please return to<br>e form for each agenda item yo | designated library staff member.<br>ou wish to comment on. |                             |
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| (Your na<br>OR<br>I <u>do not</u> |  |  | o the public record of this |
|                                   |  |  |                             |
| FULL NAME: Co                     | usey Rushing   | Covington, LA  | 70 433                      |
| TELEPHONE NUME                    |  | _ EMAIL:   |                             |

| Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.  I request to speak on the following topic/Agenda Item #: |
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| (Your name will be called to approach the Board to speak.)  |
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|   |
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| FULL NAME: SAN MINER  |
| ADDRESS:  |
| ELEPHONE NUMBER: EMAIL:   |
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| Please print all information. Please return to designated library staff member.  Please use one form for each agenda item you wish to comment on.  I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.)  OR  I do not wish to speak but would like my written comment below added to the public remeeting. (Your name will not be called to approach the Board to speak.) | cord of this |
|---|--------------|
|   |              |
| FULL NAME: Cynthia Weatherly  ADDRESS:  TELEPHONE NUMBER: EMAIL:  |              |

#### PUBLIC COMMENT

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|                                      | m for each agenda item you wish to comment on.   |
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| (Your name v                         | speak on the following topic/Agenda Item #:will be called to approach the Board to speak.)   |
| OR                                   |  |
| I <u>do not</u> wish<br>meeting. (Yo | nto speak but would like my written comment below added to the public record of this ur name will not be called to approach the Board to speak.) |
|                                      |  |
|                                      | TI TI  |
|                                      |  |
| ULL NAME: 2                          | SA Rusteneyer  |
| ADDRESS:                             | COV, LA  |
| ELEPHONE NUMBER                      | EMAIL:   |
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|   | Please print all information. Please return to designated library staff member.                                      |
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|   | Please use one form for each agenda item you wish to comment on.   |
|   | I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.) |
| R |  |
|   | I do not wish to speak but would like my written comment below added to the public record of the                     |
|   | meeting. (Your name will <b>not</b> be called to approach the Board to speak.)                                       |
|   |  |
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|   |  |
|   |  |
|   |  |
|   | FULL NAME: Vaines Harlan   |
|   |  |
|   | ADDRESS: Covergtan, LA 70433   |
|   |  |
|   | TELEPHONE NUMBER: EMAIL:   |
|   | This information is a Public Record.   |

#### PUBLIC COMMENT

#### FEBRUARY 28, 2023 MEETING OF THE ST TAMMANY PARISH LIBRARY BOARD OF CONTROL

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. I request to speak on the following topic/Agenda Item #: (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) **FULL NAME:** ADDRESS: TELEPHONE NUMBER: \_ This information is a Public Record.

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

| I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.) |
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| OR   |
| I do not wish to speak but would like my written comment below added to the public record of this                    |
| meeting. (Your name will not be called to approach the Board to speak.)  |
| The Glorary should not include   |
| porn in its states inventory.  |
| Our tay of Should not buy fith-  |
| FULL NAME: YVONINE MADERE  |
| ADDRESS:   |
| ADDITION.  |
| TELEPHONE NUMBER MAIL: _   |
| This information is a Public Record.   |

FULL NAME: KVISTEN LUCHSINGER.

ADDRESS:

TELEPHONE NUMBER

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OR

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

| OR\           | I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.)  |
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| X             | I <u>do not</u> wish to speak but would like my written comment below added to the public record of this meeting. (Your name will <b>not</b> be called to approach the Board to speak.) |
| Bo            | anning books is the end of our demoney  |
| Noc           | ONE should be allowed to keep any books   |
| from          | the public that have been yetted by our professional  |
| ,<br>FULL NAN | ME: Marta Badro   |
| ADDRESS       | 5/1 dell 70460  |
|               | NE NUMBER EMAIL: mation is a Public Record.   |

| 3000        | rint all information. Please return to designated library staff member.<br>se one form for each agenda item you wish to comment on.  |
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|             | equest to speak on the following topic/Agenda Item #:<br>our name will be called to approach the Board to speak.)  |
| X I do      | onot wish to speak but would like my written comment below added to the public record of this eting. (Your name will not be called to approach the Board to speak.) $28 - 848$ |
|             | pport the proposed amendments to the spring budget.  Library budget / millage in general.  |
| ULL NAME:   | SARAH COOK   |
| ADDRESS:    | MADISONVILLE 70447   |
| TELEPHONE N | NUMBER: EMAIL:   |

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. I request to speak on the following topic/Agenda Item #: (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) 2 = Graphic Novel S Scensorship efforts that

libram cards. likely not actually slow down libram caids. this encousace. FULL'NAME:

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Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. I request to speak on the following topic/Agenda Item #: (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) relocate graphic novels, doing **FULL NAME:** ADDRESS: TELEPHONE NUMBER: **EMAIL** This information is a Public Record.

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on. I request to speak on the following topic/Agenda Item #: \_ (Your name will be called to approach the Board to speak.) OR I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will **not** be called to approach the Board to speak.) FULL NAME: ADDRESS: TELEPHONE NUMBER: EMAIL: \_

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There shall

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TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_
This information is a Public Record.

**FULL NAME:** 

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

| I request to speak on the following topic/Agenda Item #:  |
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| (Your name will be called to approach the Board to speak.) OR   |
| I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
| I TRUST PEOPLE WITH HAVE DED YOUTED   |
| THESE LIVES TO EDUCATIVE OUR CITIZENS -   |
| DUR LIBRARIANS - TO EXERCISE GOOD FLOGMENT.   |
| FULL NAME: _ DAVID & COLLEEN TOURS  |
| ADDRESS: ADDRESS:   |
| TELEPHONE NUMBER EMAIL: This information is a Public Record.  |
|   |

|         | Please print all information. Please return to designated library staff member.<br>Please use one form for each agenda item you wish to comment on.                       |
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| -       | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
| hook    | s is not compatible with the ideals of democracy and freedom of thought.  |
| FULL    | NAME: Stephan Howden  |
| ADDR    | Mandenille LA 70448   |
|         | PHONE NUMBER: EMAIL: EMAIL:   |

Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

| I request to speak on the following topic/Agenda Item #: (Your name will be called to approach the Board to speak.)   |     |
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| I do not wish to speak but would like my written comment below added to the public record of th meeting. (Your name will not be called to approach the Board to speak.) | nis |
| I support the library system of STP, I feel   |     |
| these efforts to remove books I ban books is  |     |
|   |     |
| FULL NAME: Rebella Bohn community   | _   |
| ADDRESS: Mandenth A Joyy  |     |
| TELEPHONE NUMBER: EMAIL:  |     |
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Please print all information. Please return to designated library staff member. Please use one form for each agenda item you wish to comment on.

| 00  | 7                 | I request to speak on the following topic/Agenda Item #:  (Your name will be called to approach the Board to speak.)  |
|-----|-------------------|---|
| OR  | $\overline{\ \ }$ | I do not wish to speak but would like my written comment below added to the public record of this meeting. (Your name will not be called to approach the Board to speak.) |
|     |                   | I ask that you please remove these  |
|     |                   | sexually graphic books from our   |
|     |                   | Children access on even sexual content of   |
| FUL | L NAN             | ME: Barbara Doyle. any Kind.  |
| ADE | RESS              | · Sciall, A 70458   |
|     |                   | NE NUMBER EMAIL: _ mation is a Public Record.   |