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OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Judiciary and Legislation Committee

Date: 7/21/08

Regarding: Items 5b. and 5c.

5b. 080419 - Substitute resolution submitting to the electors for approval or disapproval a proposed ordinance requiring employers within the City of Milwaukee to provide paid sick leave to employees.

5c. 080420 - A substitute ordinance requiring employers within the city to provide paid sick leave to employees.

Name: AMY STEAR

Your Name Phonetically (If you wish to speak): _____

Address: 2015 N. 54th ST.

City: MILWAUKEE **ZIP Code:** 53208

Organization: (if any): GTOS, NAT'L. ASS'N OF WORKING WOMEN

E-Mail Address: amys@gtos.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

☐ I don't support this measure

☒ I wish to speak

☐ I do not wish to speak

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Name: Pastor JEANETTE PERRY

Your Name Phonetically (If you wish to speak): _____

Address: P.O. Box 1086

City: Milwaukee **ZIP Code:** 53201-1086

Organization: (if any): Calvary Hill Temple

E-Mail Address: parkerpi@email.metc.edu

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Teresa Thomas-Bayd

Your Name Phonetically (If you wish to speak): _____

Address: 3329 W. 54th

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): Citizen Action of WI

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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1B

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Name: Sheila D. Cochran

Your Name Phonetically (If you wish to speak): _____

Address: _____

City: 3316 - N. 51st Blvd **ZIP Code:** 53216

Organization: (if any): Milwaukee Labor Council

E-Mail Address: Sheila@milwaukeelabor.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: PATRICIA McMANUS

Your Name Phonetically (If you wish to speak): _____

Address: 3020 West Vliet Street

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Black Health Coalition of Wisconsin

E-Mail Address: pmcmanus@bhaw.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: PETER BLEWETT

Your Name Phonetically (If you wish to speak): BLEW-IT

Address: 2750 N 45 ST

City: MILWAUKEE **ZIP Code:** 53210

Organization: (if any): MPS BOARD

E-Mail Address: blewett@milwaukee.k12.wi.us
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Jennifer Epps

Your Name Phonetically (If you wish to speak): Jennifer Epps

Address: 633 S. Hawley Rd.

City: Milwaukee, WI **ZIP Code:** _____

Organization: (if any): Good Jobs + Livable Neighborhoods

E-Mail Address: jepps@communitybenefits.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Paula H. Penebaker

Your Name Phonetically (If you wish to speak): PENNY-BAKER

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): YWCA of Greater Milwaukee

E-Mail Address: paula.penebaker@ywcamilw.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Bonnie Brusky

Your Name Phonetically (If you wish to speak): Brusky

Address: 3158 N. Humboldt Blvd.

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): MPS/MTEA

E-Mail Address: bruskybonnie@yahoo.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Sherry Johnson

Your Name Phonetically (If you wish to speak): _____

Address: 2153 W. 40TH

City: Milwaukee, WI **ZIP Code:** 53208

Organization: (if any): 9 to 5

E-Mail Address: none

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Jayne Montgomery

Your Name Phonetically (If you wish to speak): Jayne Montgomery

Address: 3020 W Vliet St

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Campaign Against Violence / Paid Sick Day Coalition

E-Mail Address: jayne.montgomery@gmail.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: DAVID E. PALMER

Your Name Phonetically (If you wish to speak): _____

Address: 3535 N. 74TH ST.

City: MILWAUKEE **ZIP Code:** 53222

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: ELLEN BRAVO

Your Name Phonetically (If you wish to speak): _____

Address: 8118 W LYNMAR TERRACE

City: MILWAUKEE **ZIP Code:** 53222

Organization: (if any): _____

E-Mail Address: bravo@uwm.edu

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Lisa Craig

Your Name Phonetically (If you wish to speak): _____

Address: 1421 North 37th

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): 9 to 5

E-Mail Address: CraigLisa12@yahoo.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: John Goldstein

Your Name Phonetically (If you wish to speak): _____

Address: 920 E Pleasant #2

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: jgoldstein@communitybenefits.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Larry Miller

Your Name Phonetically (If you wish to speak): _____

Address: 8118 W Lynmar Terrace

City: Milwaukee WI **ZIP Code:** 53222

Organization: (if any): _____

E-Mail Address: L.Miller.F@excelpc.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Jenns Oulahan

Your Name Phonetically (If you wish to speak): oo - la - han

Address: 1118 S. 29th St.

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): Milwaukee Teachers' Education Association

E-Mail Address: OulahanJ@mta.wisc.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Ms. Lee E. Henderson

Your Name Phonetically (If you wish to speak): _____

Address: 2615 N 48th St.

City: mil. **ZIP Code:** 53210

Organization: (if any): Coalition of Black Trade Unionist, AFSCME Retirees' Chapt 36 AELU (mil. chapter)

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Ersvula Mlynarek

Your Name Phonetically (If you wish to speak): Ersvula Milnarek

Address: ~~2426~~ 2426 E. Oklahoma #4

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): Good Jobs Livable Neighborhoods

E-Mail Address: v.a.mlynarek@gmail.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Jaimie Maliszewski

Your Name Phonetically (If you wish to speak): Jay mee Mali Shevski

Address: 5230 S. 13th St

City: Milwaukee **ZIP Code:** 53221

Organization: (if any): AGBA AG BID RPW, Inc.

E-Mail Address: jaimem@RPWINC.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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☒ I don't support this measure

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