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#### REGISTRATION FORM

		N G		Run	
	PLEASE PRIN	IT YOUR NA	ME PHONETI	CALLY, if you wi	ish to speak
D	Address:				
K	City:			Zip Code:	
0	Organization Represe	ented (if any):		_	
	I wish	to speak.			
	I do n	ot wish to spea	ak.		

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#### REGISTRATION FORM

Name:_	DARRYL	MORIN
	LEASE PRINT YOUR NAM	ME PHONETICALLY, if you wish to speak
Address:		- ····
City:		Zip Code:
Organiz	ation Represented (if any):	
	I wish to speak.	
	I do not wish to spea	k.

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### REGISTRATION FORM

Name: N	IARIA	CAMB	POK	
	SE PRINT YOU	JR NAME PHON	ETICALLY, if you wish t	to speak
Address:				
City:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Zip Code;	
Organization	Represented (if	f any):	· 	
	I wish to spea	ık.		
	I do not wish	to speak.		

### REGISTRATION FORM

Name:	HRISTINE	MEW	MAN	ONTI
_	ASE PRINT YOUR NA			
Address:				
City:		Z	Zip Code:	
Organizatio	n Represented (if any)	:	<u> </u>	
	I wish to speak.			
	I do not wish to sp	eak.		



#### REGISTRATION FORM

Name:	SIME ALVANDO
•	E PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address:	
City:	Zip Code;
Organization J	Represented (if any):
_	I wish to speak.
	I do not wish to speak.

No.	6

### REGISTRATION FORM

Name:	SYLUIA O	DAT12
	ASE PRINT YOUR NA	ME PHONETICALLY, if you wish to speak
Address:		
City:		Zip Code:
Organizatio	on Represented (if any):	
1	I wish to speak.	
	_ I do not wish to spe	ak.

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### REGISTRATION FORM

Name:_	La	MMU	$M_{1}$	er			
	LEAS	E PRINT YO	OUR NAM	IE PHONET	TICALLY, i	f you wish to	speak
Address:		2584	N	' Fc	wurl	P Av	·e_
City:	$\mathcal{M}$	1 wa	pel.		_ Zip Code	5381	
Organiz	ation I	Represented	(if any): _	Sche	2 la	sarl	
-	X	I wish to sp					
<del>.</del>		I do not wi	sh to speak	ζ.			

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#### REGISTRATION FORM

Name:	Jose	6	Per	ez-				
Pl	LEASE PRINT	r your	NAME P	HONETIC	CALLY, if you	wish to sp	oeak	
Address:	1112	S.	gtn				<u></u>	
City:	MILW				Zip Code: 5	3204	<u></u>	
Organiz	ation Represen	nted (if a	ny):	Catino	Redistri	ction	Comm	the
<u> </u>		to speak			tccw	)	2	
	I do no	t wish to	sneak.					

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No	

#### REGISTRATION FORM

Name: PLEASE	PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address:	•
City:	Zip Code:
Organization R	Represented (if any):
	I wish to speak.
	I do not wish to speak.



### REGISTRATION FORM

Name: Jacqueleen In (AKA) JACKIE IN	
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak	
Address: 2426 N. 187 At	
City: Milw, WT Zip Code: 53212	
Organization Represented (if any):	_
I wish to speak.	
I do not wish to speak.	

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#### REGISTRATION FORM

Name: RAUL H	UGRTA
	PHONETICALLY, if you wish to speak
Address:	
City:	Zip Code;
Organization Represented (if any):	· · · · · · · · · · · · · · · · · · ·
I wish to speak.	
I do not wish to speak.	

#### REGISTRATION FORM

Name:	Kenneth P	Greening
		IE PHONETICALLY, if you wish to speak
Address:_	642 South	94 PLACE
		Zip Code: 53214
Organiza	ation Represented (if any):	Voces De La Frontera
· 	I wish to speak.	
<u></u>	I do not wish to speal	<b>ζ</b> .

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#### REGISTRATION FORM

Name: FECIX - A QUESTECK JR
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 911. W. MAPLE ST
City: MILWAUKEE Zip Code: 5320 4
Organization Represented (if any): H.E.W
I wish to speak.
I do not wish to speak.

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#### OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Name: Primitivo Torres	<i>f</i>
	HONETICALLY, if you wish to speak
Address: 2514 w min sim	20
City: mirmicce	Zip Code: \$3 20 ч
Organization Represented (if any):	voces
I wish to speak.	
I do not wish to speak.	

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#### REGISTRATION FORM

Name:	7Y VAHEY
PLEASE	PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 92 L	+ EAST JUNEAU #824
City: M	LILWAUKEE TO Zip Code: 53202
Organization Re	epresented (if any): ERVALITY WIS CONSIN + FRONTER
	I wish to speak.
	I do not wish to speak.

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#### REGISTRATION FORM

Name:	MANUEL	Simulter	
		JR NAME PHONET	ICALLY, if you wish to speak
Address:	1114.5	297	
City:	ne humber	we	Zip Code: - 53215
Organiz	ation Represented (it	f any):	£
_	✓ I wish to spea	ak.	
_	I do not wish	to speak.	

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## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: Freya Newman	mn		
PLEASE PRINT YOUR NAME PHONETI	CALLY, if you wish to speak		
Address: 16265. LAYTON 31	VP		
City: MCE	Zip Code: 53215		
Organization Represented (if any):			
I wish to speak.	•		
I do not wish to speak.			

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### REGISTRATION FORM

Name: MANUEL J. MENDEZ	
PLEASE PRINT YOUR NAME PHONE	TICALLY, if you wish to speak
Address: 3235 W'Scott	
City: M/ Lw.W/	Zip Code: 532/5
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

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#### REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.	
Name: VINCENT KNOX	
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak	
Address: 2446 N, 46TH 61	
City: Milwankse zip Code: 53212	<b>t</b>
Organization Represented (if any): Milwaukee Richstriction Educ. Bu	180
I wish to speak. Dational Action Network	
I do not wish to speak	

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### REGISTRATION FORM

Name: GREGG LINDNER	
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak	
Address: 6055 56454	
City: Milwaukee zip Code: 5322/	
Drganization Represented (if any): BID 40, AGBA, Acropropolis  MILWAURE	
I wish to speak.	~
I do not wish to speak.	

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### REGISTRATION FORM

Name: JOAN Martinez	
PLEASE PRINT YOUR NAME PHON	IETICALLY, if you wish to speak
Address: 5830 W. KK River	PKWY
City: West Allis	/ Zip Code: <u>532/9</u>
Organization Represented (if any):	_
I wish to speak.	
I do not wish to speak.	

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#### REGISTRATION FORM

Name: Jen	niser Gordon	
PLEASE F	PRINT YOUR NAME PHONETI	CALLY, if you wish to speak
Address: 4229	9 3. Ist Place.	
City: Mila M.	Koo	Zip Code: 5320 7
Organization Rep	oresented (if any):	
<u>V</u> I	wish to speak.	
I	do not wish to speak.	

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#### REGISTRATION FORM

Name: Kenneth FMNZe	· N
PLEASE PRINT YOUR NAME PHO	
Address: 300 + 5, 46m	•
City: MII WAY KEP	Zip Code: 53216
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

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#### REGISTRATION FORM

commencing in 2012.	relating to	aldermanic d	istrict bound	aries
Name: Connie Wi	501	$\overline{}$		
PLEASE PRINT YOUR NAME	E PHONETI	CALLY, if y	ou wish to sp	eak
Address: <u>02205</u> ,	St	S		
city: Milwaulcoe	<i>v</i>	Zip Code:	532	0 /
Organization Represented (if any):				
I wish to speak.				
I do not wish to speak.	÷			

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### REGISTRATION FORM

Name:	TICHEAL D. PLU	MLEY
	SE PRINT YOUR NAME PHO	ONETICALLY, if you wish to speak
Address: 5	869 HARELTHE	AVE
City: HIL	-WAUKEE,	Zip Code: 53221
Organization	Represented (if any):	
X	I wish to speak.	
	I do not wish to speak.	