

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Finance and Personnel Meeting

December 11, 2013

Room 301-B, 3rd Floor, City Hall
9:00 A.M.

**RE: 131162 A charter ordinance relating to the administration of the
employees' retirement system.**

Please **PRINT**

Name:

Jon R. Jensen

Address:

43 S63W35554 Piper Rd.

City:

MILWAUKEE EAGLE ZIP CODE: 53119

Organization Represented (must list to speak):

MRPA

Email:

☐ I wish to speak.

☒ I do not wish to speak.

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**RE: 131162 A charter ordinance relating to the administration of the
employees' retirement system.**

Please **PRINT**

Name: SAUL CHARLES

Address: 3953 S. 74 ST.

City: _____ ZIP CODE: 53220

Organization Represented (must list to speak):

MPSO

Email: _____

☐ I wish to speak.

☒ I do not wish to speak.

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**RE: 131162 A charter ordinance relating to the administration of the
employees' retirement system.**

Please **PRINT**

Name: JOHN BARMORE

Address: 321 N PENECREST ST.

City: MILWAUKEE WI ZIP CODE: 53208

Organization Represented (must list to speak):

EPS MEMBER

Email: JOHN.BARMORE@WI.ORG.COM

☒ I wish to speak.

☐ I do not wish to speak.

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employees' retirement system.**

Please **PRINT**

Name: JEAN BURNSIDE

Address: 7431 W. WEDGEWOOD DR

City: MILW. ZIP CODE: 53220

Organization Represented (must list to speak):

MILWAUKEE RETIREE ASSN.

Email: JWBTEB7@wi.rr.com

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: 131162 A charter ordinance relating to the administration of the
employees' retirement system.**

Please **PRINT**

Name:

WRAY YOUNG

Address:

571 W 15063 ROSEWOOD DR

City:

MUSKEGO WI

ZIP CODE:

53150

Organization Represented (must list to speak):

MILWAUKEE RETIRED POLICE ASSOCIATION

Email:

Wrayyoung149@gmail.com

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: 131162 A charter ordinance relating to the administration of the
employees' retirement system.**

Please **PRINT**

Name: David R. Seager, Jr.

Address: 10929 W. Meadowcreek Ct.

City: Milwaukee ZIP CODE: 53224

Organization Represented (must list to speak):

Milwaukee Professional Firefighters Ass. L-215

Email: Seager64@gmail.com.

☒ I wish to speak.

☐ I do not wish to speak.

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employees' retirement system.**

Please PRINT

Name: MIKE CURVELLO

Address: 6312 W. BRUCE MOUND RD

City: MILWAUKEE ZIP CODE: 53213

Organization Represented (must list to speak):

MIPA

Email: _____

☒ I wish to speak.

☐ I do not wish to speak.

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Please **PRINT**

Name: Carmelo PATTI

Address: 1311 E. Morgan Ave

City: Milw ZIP CODE: 53207

Organization Represented (must list to speak):

ERS - Active Elected Board Member

Email: cpatti@milwaukee.gov

☒ I wish to speak.

☐ I do not wish to speak.

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employees' retirement system.**

Please **PRINT**

Name:

Bryan Miller

Address:

1127 W. Brown Deer Rd

City:

ZIP CODE:

Organization Represented (must list to speak):

Milwaukee Police Assoc - member

Email:

☒ I wish to speak.

☐ I do not wish to speak.