

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Special Public Works Committee

Date: 4/14/09

Regarding: Item 2

081630 Substitute resolution approving the final schematic design of public artwork to be incorporated into streetscape improvements constructed on East Wisconsin Avenue as part of the Milwaukee Central Business District Primary Pedestrian Corridors Development Project, and authorizing the commission of the artwork.

Name: Beth Nicols

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

Address: 4803 W. Wells St

City: Mil **ZIP Code:** 53208

Organization: (if any): Milwaukee Downtown

E-Mail Address: bethe@milwaukeedowntown.com

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

☒ I support this measure

☒ I wish to speak

☐ I don't support this measure

☐ I do not wish to speak

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Name: Julia Taylor

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

Address: 3432 N. Shepard

City: Milw **ZIP Code:** 53211

Organization: (if any): GMC

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

☒ I support this measure

☒ I wish to speak

☐ I don't support this measure

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Name: DEAN AMHAUS

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

Address: 301 W. WISCONSIN

City: MILWAUKEE **ZIP Code:** 53203

Organization: (if any): SPIRIT OF MILWAUKEE

E-Mail Address: DAMHAUS@SPIRITOFMILWAUKEE.ORG
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

☒ I wish to speak

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Name: David Fantle

Your Name Phonetically (If you wish to speak): Rhymes with Mantle

Address: 648 N. Plunkerton

City: MKE **ZIP Code:** 53203

Organization: (if any): Visit Milwaukee

E-Mail Address: dfantle@milwaukee.org
(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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Name: Marsha Sehler

Your Name Phonetically (If you wish to speak): "Sailor"

Address: 1027 Ogden

City: Milw **ZIP Code:** 53202

Organization: (if any): _____

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

☐ I support this measure

☒ I wish to speak

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Name: Busalacchi Anthony S

Your Name Phonetically (If you wish to speak): Booz A Lā Key

Address: 1840 N. Prospect Ave

City: Milwaukee **ZIP Code:** 53202

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: Jonathan Winkle

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

Address: 3289 S. Illinois Avenue

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): Wilson Center for the Arts (Brookfield)

E-Mail Address: jwinkle@wilson-center.com

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

☒ I support this measure

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Name: Michael Hauser

Your Name Phonetically (If you wish to speak): how zer

Address: 3048 N Booth

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): _____

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

☒ I support this measure

☒ I wish to speak

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Name: LEE ANN GARRISON

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

Address: 4796 N. LARKIN

City: WHITEFISH BAY **ZIP Code:** 53211

Organization: (if any): UWM - VISUAL ART DEPT.

E-Mail Address: GARRIA@UWM.EDU

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

☒ I support this measure

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Name: Brian Gallagher

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

Address: 2850 S. Lenox

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): _____

E-Mail Address: gallab60@yahoo.com

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

☒ I support this measure

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Name: Jonathan Jackson

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

Address: 224 W. Vine St. #201

City: Milwaukee, **ZIP Code:** 53212

Organization: (if any): Milwaukee Intl. Film Festival

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

☒ I support this measure

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Name: Keith Stachowiak

Your Name Phonetically (If you wish to speak): STA-HO-VEE-ACK

Address: 3709 Jerelm Drive

City: Franklin **ZIP Code:** 53132

Organization: (if any): _____

E-Mail Address: krslr@uwm.edu

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

☒ I support this measure

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Name: Pegi Taylor

Your Name Phonetically (If you wish to speak): ^{Peggy} Peg ē Taylor

Address: 116 W. Green Tree Rd.

City: Glendale **ZIP Code:** 53217

Organization: (if any): IN:SITE

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

☒ I support this measure

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☒ I wish to speak

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Name: JONATHAN WEST

Your Name Phonetically (If you wish to speak): JONATHAN WEST

Address: 2720 S. HOWELL AVENUE

City: MILWAUKEE **ZIP Code:** 53207

Organization: (if any): _____

E-Mail Address: jonathanwest@artsyschwartz.com

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

☒ I support this measure

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☒ I wish to speak

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Name: Melissa Marent

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

Address: PO Box 713

City: Milwaukee **ZIP Code:** 53201

Organization: (if any): Milwaukee Artists Resource Network

E-Mail Address: Melissam@marnonline.com

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

☒ I support this measure

☐ I wish to speak

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Name: Polly Morris

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

Address: 3345 N. Humboldt Blvd

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): City of Milwaukee Arts Board

E-Mail Address: pollymorris@ameritech.net

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

☒ I support this measure

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Name: CURTIS L. CARTER

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

Address: 1520 W. MANOR Lane

City: MILWAUKEE (River Hills) **ZIP Code:** 53217

Organization: (if any): MARQUETTE UNIVERSITY

E-Mail Address: CURTIS/CARTER@SBCGLOBAL.NET
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

☐ I wish to speak

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Name: Melissa Dorn Richards

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

Address: 3348 A N. Booth

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): MIAD, MAEN, individual artist

E-Mail Address: mdr1212@earthlink.net

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

☒ I support this measure

☐ I wish to speak

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Name: Julie Tarney

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

Address: 2942 N. Hackett Ave.

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): _____

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

☒ strongly
I support this measure

☐ I don't support this measure

☐ I wish to speak

☒ I do not wish to speak

only because I
may need to
leave before
called on.

This is such an
exciting opportunity
for Milw. Similar to
the Calatiana.
We are a first-class city -
we have a ballet, an
orchestra, an art museum

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Name: Dave Reid

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

Address: 1029 N Jackson St #1303

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): Urban Milwaukee.com

E-Mail Address: daver Reid@yahoo.com

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

☒ I support this measure

☐ I wish to speak

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Name: FRANK KEPPLER

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

Address: 5036 W. WASHINGTON BLVD

City: MILWAUKEE WI **ZIP Code:** 53208

Organization: (if any): BREW CITY BRAND APPAREL

E-Mail Address: frank@brewcityonline.com

(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

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Name: BRENDA TROTIER

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

Address: 1820 N 118TH St

City: Wauwatosa **ZIP Code:** 53226

Organization: (if any): BJT GEMS & Jewelry / Knickerbocker Art Fair
COORDINATOR

E-Mail Address: btrotier@msn.com

(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

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Name: CHRISTINE PREVETTI

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

Address: 2358 N BOOTH

City: MKE **ZIP Code:** 53212

Organization: (if any): _____

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

☒ I support this measure

☐ I wish to speak

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Name: Judi Gloyer

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

Address: 3006 N. Cambridge

City: Milwaukee WI **ZIP Code:** 53211

Organization: (if any): _____

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

☒ I support this measure

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Name: Melissa Miller

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

Address: _____

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): Quorum Architects

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: Natalie Strohm

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

Address: 3112 West Highland Blvd.

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Quorum Architects, Inc. / Milwaukee County Public Art Administrator

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

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Name: CHRISTINE HARRIS

Your Name Phonetically (If you wish to speak): CHRIS TEEN HARRIS

Address: 2460 N. 85th ST

City: WAUWATOSA **ZIP Code:** 53226

Organization: (if any): _____

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

☒ I support this measure

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Name: MARY DALY-MUENZMAIER

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

Address: 1534 N. HUMBOLDT AVE. #1

City: MILWAUKEE **ZIP Code:** 53202

Organization: (if any): CRICKET TOES

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

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Name: Tamiko R. Dargan

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

Address: 817 E. Knapp #1

City: MKE **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: OKimat@hotmail.com

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

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Name: Michael Davidson

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

Address: 3702 N. MURRAY

City: Shorewood **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: hyphen@wi.PR.COM

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

☒ I support this measure

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Name: GREGORY KLASSEN

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

Address: 3355 N. DOUGLASS ST.

City: MILWAUKEE **ZIP Code:** 53212

Organization: (if any): ARTIST

E-Mail Address: gklassen200@yahoo.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

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Name: Matthew D.D. Taylor

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

Address: 1406 W. 31st Street

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): _____

E-Mail Address: Amemattw@yahoo.com

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

☒ I support this measure

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Name: KURT ZIMMERMAN

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

Address: 205 W. HIGHLAND AV.

City: MILWAUKEE **ZIP Code:** 53205

Organization: (if any): ZIMMERMAN ARCHITECTURAL STUDIOS

E-Mail Address: KURT.ZIMMERMAN@ZA STUDIO.COM
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Jamie Elder

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

Address: 903 E. Kilbourn Ave #37

City: Milwaukee **ZIP Code:** 53202

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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Date: 4/14/09

Regarding: Item 2

081630 Substitute resolution approving the final schematic design of public artwork to be incorporated into streetscape improvements constructed on East Wisconsin Avenue as part of the Milwaukee Central Business District Primary Pedestrian Corridors Development Project, and authorizing the commission of the artwork.

Name: Jena Lee

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

Address: 1007 W Mitchell St

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): Sharon Lynne Wilson Center for the Arts

E-Mail Address: jena.rollee@gmail.com

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

☒ I support this measure

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

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Date: 4/14/09

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Name: Lisa G. Dehans

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

Address: 2775 S. Logan Ave.

City: Milwaukee WI **ZIP Code:** 53207

Organization: (if any): _____

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

☒ I support this measure

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
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Name: K. Dyble Thompson

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

Address: 3122 N Newhall

City: Milwaukee WI **ZIP Code:** 53211

Organization: (if any): _____

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

☒ I support this measure

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

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Name: PATRICIA BUSALACCHI

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

Address: 1840 N. PROSPECT AVE., # 416

City: MILWAUKEE **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: _____

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

☒ I support this measure

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

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Name: Rebecca Tesch (Becky)

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

Address: 2418 S. Lenox St

City: Milwaukee WI **ZIP Code:** 53207

Organization: (if any): MARN, RAA, BVAG

E-Mail Address: bec.tesch@gmail.com

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

☒ I support this measure Strongly!

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

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Name: WILL SEBASTIAN

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

Address: 514 W. NATIONAL

City: MILWAUKEE, WI. **ZIP Code:** 53204

Organization: (if any): _____

E-Mail Address: jsebasti@mizd.edu
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

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Name: LYNN LUCIUS

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

Address: 3007 N. NEWHAUS ST.

City: MILWAUKEE **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: llucius@wi.rr.com

(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:

David A Blank

Your Name Phonetically (If you wish to speak):

Address:

3136 S. Indiana Ave

City:

Milwaukee

ZIP Code:

53207

Organization: (if any):

E-Mail Address:

blankda@pccpc.com

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

☒

I support this measure

☐ I wish to speak

☐

I don't support this measure

☒

I do not wish to speak