

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Hillside Family Resource Center
1452 N. 7th St.

Committee: Community and Economic Development Committee

Date: 7/16/07

Regarding: 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Redonna Rodgers

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

Address: 2821 N. 4th St, Suite 305

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Ctr. For Teaching Entrepreneurship

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

I wish to speak

I do not wish to speak

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Name: JAMES HILLER

Your Name Phonetically (If you wish to speak): JAMES HILLER

Address: 3291 W. 5TH BLVD

City: MILW. WIS. **ZIP Code:** 53216

Organization: (if any): RUNLIGH STREET CDC

E-Mail Address: _____

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

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Name: Supreme S. Allah

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

Address: 2438 N. Bremen

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

Organization: (if any): Street Academy of Green City Park

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

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Name: Ann Wilson

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

Address: 727 W Cherry #398

City: Milwaukee WI **ZIP Code:** 53205

Organization: (if any): Housing Authority City of Milwaukee

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

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Name: GERMY YOUNG

Your Name Phonetically (If you wish to speak): JERMY YOUNG

Address: 3378 N 48

City: MILWAUKEE **ZIP Code:** 53216

Organization: (if any): Main Street (Burleigh)

E-Mail Address: GERMY.YOUNG@SBC.COM
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Funding Allocation Plan.

Name: Kevin Carr

Your Name Phonetically (If you wish to speak): Kevin Carr

Address: 821 W. State St

City: Milw. **ZIP Code:** 53233

Organization: (if any): Milw. Co Sheriff's Office / safe & sound

E-Mail Address: _____

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

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Name: Joyce Malloy

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

Address: 2919 W Highland Blvd.

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

Organization: (if any): NonProfit Center of Milwaukee

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

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Name: Bethany Sanchez

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

Address: 600 E. Mason #200

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): Metro Milw. Fair Housing Council

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

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Name: Sherri Daniel

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

Address: 615 W. Galena

City: Milw **ZIP Code:** 53205

Organization: (if any): The Counseling Center of Milw

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

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Name: Shirley Warren

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

Address: 1545 N. 7th Street

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): Daughters of Luke LTD

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

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Name: JIM CONNOLLY

Your Name Phonetically (If you wish to speak): JIM CONNOLLY

Address: 2853 N. SHEPARD AV.

City: MILW. **ZIP Code:** 53211

Organization: (if any): METROPOLITAN MILWAUKEE FAIR HOUSING COUNCIL

E-Mail Address: JIMB.CONNOLLY@CARTHUNG.NET

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Name: Vi Scott

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

Address: 603 W Kneeland St

City: Milw. **ZIP Code:** 53212

Organization: (if any): Hillside Family Org.

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

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Name: Bria Reed

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

Address: 7865 N. 60th Unit A

City: Milwaukee **ZIP Code:** 53083

Organization: (if any): _____

E-Mail Address: shov214@yahoo.com

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

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Name: Amy Flanders

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

Address: 4041 N. Richards St.

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): SDC

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

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Name: Universal Knowledge Allatt

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

Address: 2438 Nth Bremen

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Street Academy of Cream City Mentors Inc.

E-Mail Address: Universalallah@yahoo.com

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

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Name: Donte Waddy

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

Address: 1401 S 98th

City: Milwaukee **ZIP Code:** 53214

Organization: (if any): D Waddy Corporation

E-Mail Address: Donte Waddy @ Yahoo.com

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

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Name: JOETTA Brown

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

Address: 714 West Vliet St #336

City: Milwaukee **ZIP Code:** 53205

Organization: (if any): Resident Council Board

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

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Name: BETH DUFEK

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

Address: 122 E MASON ST

City: MILWAUKEE **ZIP Code:** 53202

Organization: (if any): MAIN STREET (LISC)

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

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Name: Orlando Ortiz, Sr.

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

Address: 903 S. 17th St

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): WORD OF HOPE MINISTRIES, INC

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

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Name: Charles Reese

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

Address: 4067A. N. 14

City: Milw **ZIP Code:** _____

Organization: (if any): Safe and Sound

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

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I do not wish to speak