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OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting

Date: 3/2/09

Regarding: Item 1.

080218 - An ordinance incorporating code provisions - apprenticeship requirements for construction contracts, participation of city residents in public works contracts, the emerging business enterprise program - into a single chapter, and creating new provisions establishing requirements for developers receiving direct financial assistance from the city, and local business enterprise contracting standards.

Name: Rev. Kenneth W. Wheeler

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

Address: 1821 N. 16th St.

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

Organization: (if any): Cross Lutheran Church - MICAH

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

(30)

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Name: Sheila Cochran

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

Address: 216 - N. ST. BND

City: Milw **ZIP Code:** 53216

Organization: (if any): Milw. LABOR Council

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: Dale Belman

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

Address: 1841 Cambridge Rd

City: Ann Arbor MI **ZIP Code:** 48106

Organization: (if any): Michigan State University

E-Mail Address: drdale@msu.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: MARVIN PRATT

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

Address: 4045 N 16th St

City: Milwaukee, Wisc **ZIP Code:** 53289

Organization: (if any): _____

E-Mail Address: MPRATT44@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

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Name: Jennifer Epps

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

Address: 4612 N 50th

City: Milwaukee **ZIP Code:** 53218

Organization: (if any): BJLW

E-Mail Address: jeps @ communitybenefits.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

I do not wish to speak

(9)

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Name: Rev. Louis E. Sibley III

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

Address: 1840 N. 1st St.

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

Organization: (if any): Micah

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: RALPH HOLLMOON

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

Address: 435 W. NORTH AVE

City: MILWAUKEE **ZIP Code:** 53212

Organization: (if any): MILW. BUSINESS LEAGUE

E-Mail Address: R.HOLLMOON@TMAIL.DIG

(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: Lyke Balistoreni

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

Address: 5941 W Bluemount RD

City: Milwaukee **ZIP Code:** 53213

Organization: (if any): BUILDING TRADES

E-Mail Address: blstods@excpc.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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1 min

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Name: BODENBACH, MAX

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

Address: 2929 W. WIS. B-3

City: MILWAUKEE, WIS **ZIP Code:** 53208

Organization: (if any): JABS/JABS

E-Mail Address: _____

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I support this measure

1 I wish to speak

I don't support this measure

I do not wish to speak

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Name: Clarence Johnson

Your Name Phonetically (If you wish to speak): CLARENCE Johnson

Address: 2821 N 4th

City: _____ **ZIP Code:** _____

Organization: (if any): Justice 2000

E-Mail Address: cjohnson@justice-2000.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

I do not wish to speak

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Name: Nacarci Feaster

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

Address: 4310 W. Appleton Ave

City: Milwaukee **ZIP Code:** 53223

Organization: (if any): Labworkers Local #113

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: Pam Fendt

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

Address: 633. S. Hawley Rd suite 115

City: Milw **ZIP Code:** 53214

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

E-Mail Address: pfendt@communitybenefits.org *Coalition*
(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: Nichole Yunk (+ Clarence Johnson)

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

Address: 1983 N. Summit Ave. #24

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): Justice 2000

E-Mail Address: nunk@justice-2000.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak W/ Clarence Johnson

I don't support this measure

I do not wish to speak

30

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Name: Zay Lutz

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

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): Community Warehouse

E-Mail Address: _____

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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: WALLACE WHITE

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

Address: 6203 W. CAPITAL

City: MILWAUKEE **ZIP Code:** 53216

Organization: (if any): AFRICAN AMERICAN CHAMBER OF

E-Mail Address: WALLACE@WLBXCORP.COM COMMERCIAL
(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: Bruce Westling

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

Address: 1110 N. Old World Trail

City: Milwaukee **ZIP Code:** 53203

Organization: (if any): M26 Commercial

E-Mail Address: bwestling@mlgcommercial.com
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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: RUTH ZUBRENSKY

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

Address: 3404 N. SUMMIT AV

City: MILW **ZIP Code:** 53211

Organization: (if any): former ^{at} ERC member

E-Mail Address: ruthy@wl.rr.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