No.	

REGISTRATION FORM

Name:	JEFFERN					
speak	PLEASE 1	PRINT YOU	R NAME PHO	NETICALI	Y, if you wish	to
Address:	7728	W. GRANTO	SA DR.			
City:	MILVAUK	EE		Zip Code:	53218	
Organizatio	on Represen	ted (if any):	MILWAUXEE	Public	Schools	······································
	_ I wish t	o speak.				
X	_ I dó not	wish to speal	k.			

REGISTRATION FORM

Name:speak	PLEASE PRINT YOUR N	AME PHONETICALLY, if you wish to
Address	: 3375 N 48th	H.
City:	Milwaled	Zip Code:
Organiz	ation Represented (if any):	re, Foster For Aldaman District ?
	I wish to speak.	Conditate)
أأبيت	I do not wish to speak.	

No.	

REGISTRATION FORM

Name: Patty yum	
speak PLEASE PRINT YOUR	NAME PHONETICALLY, if you wish to
Address: 3427 W. St	Paul
City: Mu	Zip Code: 53208
Organization Represented (if any):	MFSCME-D.C.48
I wish to speak.	
I do not wish to speak.	

No.	

REGISTRATION FORM

Name:	Dear T. Go	142alez	
speak	PLEASE PRINT YOU	R NAME PHONETICALLY, if you wish to	Э
Address:			
City:		Zip Code:	
Organizatio	on Represented (if any):		
	I wish to speak.		
	I do not wish to spea	ak.	

REGISTRATION FORM

Name:_	JANETE H	- Chreta
speak	PLEASE PRINT YO	OUR NAME PHONETICALLY, if you wish to
Address	s: 4458m	404154
City:	<u> </u>	Zip Code
Organiz	cation Represented (if any): Justice Hora Gardo Justice
	I wish to speak.	2000/Arening
	I do not wish to s	neak

No.	

REGISTRATION FORM

Name: Honete Porter PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3809 N. 7TH ST
City: Milwankee Zip Code: 53212
Organization Represented (if any): Loth district Free MKe McKee
I wish to speak.
I do not wish to speak.

No.	

REGISTRATION FORM

Name:	NORSEV
PLEASE PRINT YOU speak	R NAME PHONETICALLY, if you wish to
speak	Marie Ma
Address: 03	44951
City:	Zip Code:
Organization Represented (if any):	
I wish to speak.	
I do not wish to spea	ık.

No.	

REGISTRATION FORM

	·Gloria	Milliams	
Name:	PLEASE PRINT YOUR		CALLY, if you wish to
speak Address <u>:</u>	9310 N		
City:	LOCKE	Zip Ce	ode: 53224
Organizat	ion Represented (if any):	ASCRE	Local 109
<u></u>	I wish to speak.		
<u> </u>	I do not wish to speak	ζ.	

No.		

REGISTRATION FORM

Name:	Stoner		: hall		
speak	PLEASE PR	INT YOU	JR NAME PHON	NETICALLY	7, if you wish to
Address	: 4725	Tunsan A	Sumec		
City:	Milwa	Mel		Zip Code:	53219
Organiz	ation Represented	d (if any):			
	I wish to s	speak.			
	I do not w	rish to spea	ak.		

No.	

REGISTRATION FORM

Name: speak	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to				
Address:	3121NB0014				
City:	Milhartee	Zip Code: 53) /)			
Organiza	tion Represented (if any):	MFD			
	I wish to speak.				
_>	I do not wish to speak.				

No.	

REGISTRATION FORM

Name: speak	Anthony PLEASE PRINT	YOUR N	AME PHONETICA	LLY, if you wish to
Address:	2437		171 St.	
City:	Milwanke	<u></u>	Zip Code	: 53206
Organizati	on Represented (if	`any):	MED	
	I wish to spea	k.		
	I do not wish	to speak.		

No.	

REGISTRATION FORM

Name:	S. M. D. Commerce	5 N. Flower	252Haslan
speak	PLEASE P	RINT YOUR NAM	ME PHONETICALLY, if you wish to
Address:	1/3	3 W. Apple	The Company of the Co
City:		The state of the s	Zip Code: <u>53225</u>
Organiza	tion Represent	ed (if any):	
	I wish to	speak.	
*	✓ I do not	wish to speak.	

No.	

REGISTRATION FORM

Name:	LAWAN	Service Control of the Control of th	10 r c		
speak	PLEASE PRINT	YOUR NA	AME PHONETICAI	LLY, if you	wish to
Address:	MA Comment		May mers		.,,
City:		K K C	Zip Code		
Organizat	ion Represented (if	any):	nion Memb	<u> </u>	manuschi mustum manuschi stati s
	I wish to spea	k.			
and the state of t	I do not wish	to speak.			ı

No.	

REGISTRATION FORM

Name: CA/VIII N- LEE	
PLEASE PRINT YOUR NA speak	ME PHONETICALLY, if you wish to
Address: 22/1 1). Sooth 5t	·
City: 1/1/2	Zip Code: <u>53212</u>
	ESCIME SC 48
I wish to speak.	•
I do not wish to speak.	

No.	

REGISTRATION FORM

Name: Day HE BANKS PLEASE PRINT YOUR N	AME PHONETICALLY, if you wish to
Address: 3930 w Vliet 5	
City: M. Lu	Zip Code: 53268
Organization Represented (if any):	Ablerman Mike Mcbee
I wish to speak. I do not wish to speak.	

No.	

REGISTRATION FORM

1 (01110)	PLEASE PR			E PHONE	ETICALLY, if	you wish to
speak						•
Address:	3458		18	S. Jan		
City:	me we			Zij	o Code: Signatura	52/5
Organizat	ion Represente	d (if any):	<u>J</u>	4/4/	(Lead	Myrun)
- Commonwealth Commonwealth Commonwealth Commonwealth Commonwealth Commonwealth Commonwealth Commonwealth Commo	I wish to s	speak.				
	[I do not w	rish to spe	ak.			

No.	

REGISTRATION FORM

Name: speak	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	KOEGL N RINT YOUF	\	HONETICALI	LY, if you wish to	
Address:	3450	S.18				
City:	Milliauk	<u> </u>		Zip Code:_	53215	
Organizati	ion Represent	ed (if any):		- 600	and the second	
	I wish to	speak.				
**************************************	I do not	wish to speal	k.			

No.	

REGISTRATION FORM

Name:	Were	AZBUECHT		
speak	PLEASE PRI	NT YOUR NAME PHO	ONETICALI	LY, if you wish to
Address:	3242	S. THULL		
City:		7.4	_ Zip Code:_	6307
Organizatio	on Represented	(if any):		
***************************************	I wish to sp	oeak.		
	I do not wi	sh to speak.		

No.	

REGISTRATION FORM

Name: PLEASE F	PRINT YOUR NAME	PHONETICALLY, if you wish to
Address: 200		
City: <u>And Garage</u>		Zip Code:
Organization Represent	ted (if any): AFF	<u>></u>
I wish to	o speak.	
I do not	wish to speak.	

No.	

REGISTRATION FORM

Name:- speak	PLEASE PE	RINT YOUR NAME I	PHONETICALLY, if you wish to
Addres	s: 2234	11. 95	gane / Ganeseacean
City:	Mila	Engl Marin	Zip Code:
Organi	zation Represente	d (if any):	
-	I wish to	speak.	
-	I do not v	vish to speak.	

No	
INO.	

REGISTRATION FORM

Name: Mama	b 11).	Matowsk	
PLEASE I	RINT YOUR N	NAME PHONETICAL	LY, if you wish to
speak			•
Address: 356		Enelly	ATE.
City: Mily.		Zip Code:	
Organization Represent	ted (if any):		
I wish to	o speak.		
I do not	wish to speak.		

No.		
110		

REGISTRATION FORM

Name:		Sardi		,			
speak	₽ĽÉÅŜE	PRINT YOU	R NAME I	PHONETIC	CALLY, i	if you wish to	
Address:		5.48					
City:		***************************************		Zip Co	ode:	<u> </u>	:
Organizati	on Represer	nted (if any):	Secretary Secretary				
***************************************	_ I wish	to speak.					
	I do no	t wish to spea	ak.				

No.	

REGISTRATION FORM

Name:	(KAPHEEL	Colë	
speak	PLEASE PRINT	YOUR NAME PHONET	TICALLY, if you wish to
Address	: 3546 N	<u> 2474 PU-</u>	· · · · · · · · · · · · · · · · · · ·
City:	NOLLANGE	Zip	Code:
Organiza	ation Represented (if	any): <u> </u>	LOCAL 1091
	I wish to speak	ζ.	
	I do not wish t	o speak.	

No.	

REGISTRATION FORM

Name:		Knpk	January		
speak	PLEASE PI	RINT YOUR I	NAME PH	ONETICAL	LY, if you wish to
Address:			40/	<i>A</i> //	
City:		<u> </u>	· · · · · · · · · · · · · · · · · · ·	_ Zip Code:	53207
Organization	n Represente	d (if any):	Ba		Tech.
	I wish to	speak.			recen
X	I do not v	vish to speak.			