

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

The Zoning, Neighborhoods and Development Committee Meeting, in Room 301-B,
3rd Floor, City Hall.
4/30/19

At 9:45 am

**RE: File 181570 - Substitute resolution relating to the Permanent Historic
Designation of the Marcus Center for the Performing Arts and grounds at
929 North Water Street in the 4th Ald. District.**

Please PRINT

Name: Patti Keating Kalm

Address: 3043 N. Summit

City: Milwaukee ZIP CODE: 53211

Organization Represented (if any): HPC

Email Address: msbiz@atl.net

I wish to speak.

I do not wish to speak.

In Favor

Oppose

OFFICE OF THE CITY CLERK
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Please PRINT

Name: Mike Hineberg

Address: 1215 N 100 St

City: Milw ZIP CODE: 53222

Organization Represented (if any): _____

Email Address: _____

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: George Wagner

Address: 3300 N Newhall St.

City: Milwaukee ZIP CODE: 53211

Organization Represented (if any): _____

Email Address: gwagner@yahoo.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: LYNN MOLITOR

Address: 5225 S 24TH ST

City: MILWAUKEE ZIP CODE: 53221

Organization Represented (if any): _____

Email Address: LYNNMOLITOR14@GMAIL.COM

I wish to speak.

I do not wish to speak.

In Favor

Oppose

4

**OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE**

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**RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please **PRINT**

Name: HOWARD HOFFMAN

Address: 746 N 32ND ST

City: MILW ZIP CODE: 53208

Organization Represented (if any): _____

Email Address: _____

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Brian Peters - @

Address: 540 S. 1st St

City: MKE ZIP CODE: 53204

Organization Represented (if any): Independence First

Email Address: bpeters@independencefirst.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

6

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Please PRINT

Name: Bernadette Karanja

Address: 3452 N. 46th Street

City: Pulwauke ZIP CODE: 53216

Organization Represented (if any): me

Email Address: bkaranja@msu.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please PRINT

Name: Julie Alexander

Address: 5405. 7th St.

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Independence First / My Self

Email Address: Jalexander@independencefirst.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

8

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Please PRINT

Name: PETER MORROW MEYER

Address: 21 NORTH

City: BURTON VT ZIP CODE: 05443

Organization Represented (if any): RAYCROFT MOUNTAIN LANDSCAPE ART

Email Address: PKMEYER@GMAIL.NET

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please PRINT

Name: Michael Trokan

Address: 3209 N. Densmore St.

City: Milwaukee WI ZIP CODE: 53212

Organization Represented (if any): —

Email Address: miketrokan@gmail.com

I wish to speak.
 I do not wish to speak.

In Favor
 Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please PRINT

Name: Jim Shields

Address: 3033 N Hackett Ave

City: Mil, WI ZIP CODE: 53211

Organization Represented (if any): Marcus, HGA

Email Address: jshields@hga-com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: CHRIS MIRACLE

Address: NO 9 W 25195 INDIAN CRASS LA.

City: SUSSEX ZIP CODE: 53089

Organization Represented (if any): WISCONSIN CHAPTER OF AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS

Email Address: cmiracle@landworks.wisconsin.com

I wish to speak.
 I do not wish to speak.

In Favor
 Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please PRINT

Name: Paul Matthews

Address: 929 N. WATER ST.

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): MARCUS CENTER

Email Address: P.Matthews@marcuscenter.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please PRINT

Name: Gerald Hay

Address: 540 S. 1st Street

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Independence First

Email Address: ghay@independencefirst.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: L. "Spike" Bandy

Address: 3957A N. 67th Street

City: Milwaukee, ZIP CODE: 53233

Organization Represented (if any): _____

Email Address: Larryspikebandy@msn.com

I wish to speak.
 I do not wish to speak.

In Favor
 Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic Designation of the Marcus Center for the Performing Arts and grounds at 929 North Water Street in the 4th Ald. District.

Please PRINT

Name: Jennifer Current

Address: 1843 N 2nd St.

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): _____

Email Address: jennifer@quorumarchitect.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please **PRINT**

Name: Scott Craver

Address: 1711 Connecticut Ave N.W.,

City: Washington, D.C. ZIP CODE:

Organization Represented (if any): The Cultural Landscape Foundation

Email Address: scott@tclf.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: JUSTIN MILLER

Address: DOCOMOMO US/CHICAGO

City: CHICAGO ZIP CODE: 60612

Organization Represented (if any): 3300 S. STATE ST.

Email Address: dee info@docomomo-chicago.org

I wish to speak.
 I do not wish to speak.

In Favor
 Oppose

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Please PRINT

Name: Roger Bybee

Address: 2473 N. Maryland

City: Milwaukee ZIP CODE: _____

Organization Represented (if any): _____

Email Address: winterbybee@gmail.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: JERRY BECKER

Address: 2920 BARK LAKE ROAD

City: HUBERTUS, WI ZIP CODE: 53033

Organization Represented (if any): MARCUS CENTER

Email Address: JERRY BECKER @ CHARGER.NET

I wish to speak.

I do not wish to speak.

In Favor

Oppose HISTORIC DESIGNATION

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
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Please PRINT

Name: Monica Murphy

Address: 6737 W. Washington St Suite 3030

City: Milwaukee ZIP CODE: 53214

Organization Represented (if any): Disability Right Wisconsin

Email Address: monicam@dwi.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Janan Najeeb

Address: _____

City: _____ ZIP CODE: _____

Organization Represented (if any): Myself and Islamic Society of Milw

Email Address: jnajeeb@mmwconline.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose historic designation

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Please PRINT

Name: DANA SCHUMACHER / ^{OR} JENNIFER CURRANT

Address: _____

City: _____ ZIP CODE: _____

Organization Represented (if any): _____

Email Address: daynamania@gmail.com

I wish to speak.
 I do not wish to speak.

In Favor SAVE

Oppose

OFFICE OF THE CITY CLERK
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Please PRINT

Name: Lori Caterini

Address: 3859 North Humboldt Blvd

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): _____

Email Address: lcaterini

I wish to speak.

I do not wish to speak.

In Favor of permanent Designation
 Oppose And the creative growth
the Marcus center endeavors
to make happen as it
expands in to the future.

OFFICE OF THE CITY CLERK
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Please PRINT

Name: Jerome Inzer

Address: W307 N16TH Shadowood Pt.

City: Delafield WI ZIP CODE: 53018

Organization Represented (if any): _____

Email Address: _____

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Gladys Manzanet

Address: 6825 N County Ct

City: Milwaukee ZIP CODE: 53224

Organization Represented (if any): Marcus Center

Email Address: glady@manzanet

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: ARIJIT SEN

Address: 3308 N' NEWHALL ST.

City: MILWAUKEE ZIP CODE: WI 53211

Organization Represented (if any): _____

Email Address: s-arjit@hotmail.com

I wish to speak.
 I do not wish to speak.

In Favor
 Oppose

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Please PRINT

Name: Cheryl Ray

Address: 231 W. Walker St.

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): —

Email Address: clray57@gmail.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: DAVID MARCUS

Address: 301 N. BROADWAY

City: MKE ZIP CODE: 53202

Organization Represented (if any): MARCUS CENTER

Email Address: david@marcusinvestments.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Dawn McCarthy

Address: Milwaukee Preservation Alliance

City: PO Box 51064 ZIP CODE: 53203

Organization Represented (if any): _____

Email Address: dmcCarthy@milwaukee preservation.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Roxan Perez

Address: 19070 Stonehedge Drive #d

City: Brookfield WI ZIP CODE: 53045

Organization Represented (if any): Independencefirst and S/E WI ADAPT

Email Address: travelraxy@aol.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: JOHN KATH

Address: 1341 N. 45th ST

City: MIL ZIP CODE: 53208

Organization Represented (if any): ASLA (WI)

Email Address: _____

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: PATRICK KRESSIN

Address: 15205 RED FOX LN

City: ELM GROVE ZIP CODE: 53122

Organization Represented (if any): GRAEF/MARUS

Email Address: pat.kressin@graef-usa.com

I wish to speak.

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In Favor

Oppose

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Please PRINT

Name: HEIDI LOFY

Address: 929 N. WATER ST

City: MILWAUKEE ZIP CODE: WI

Organization Represented (if any): MARCUS CENTER

Email Address: _____

I wish to speak.

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In Favor

Oppose

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Please PRINT

Name: Laura Lenhart

Address: 929 N Water St

City: MKE ZIP CODE: 53202

Organization Represented (if any): Marcus Center for the Performing Arts

Email Address: llenhart@marcuscenter.org

I wish to speak.

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In Favor

Oppose

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Please PRINT

Name: Paul Stobell

Address: 228 N 71st St

City: Milwaukee ZIP CODE: 53213

Organization Represented (if any): Independent Fund

Email Address: quistol@h.tas.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Kevin Ronnie

Address: 1919 N 48th St

City: Milwaukee ZIP CODE: 53208

Organization Represented (if any): Independence First

Email Address: badgerkr@gmail.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Jeannette Cooke

Address: 5905 Dale Ln

City: Greendale ZIP CODE: 53129

Organization Represented (if any): IndependenceFirst

Email Address: _____

I wish to speak.

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In Favor

Oppose

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Please PRINT

Name: ANTHONY ROJAHN

Address: 1005 N. EDISON ST.

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): ROJAHN & MACANEY CO

Email Address: _____

I wish to speak.

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In Favor

Oppose

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RE: File 181570 - Substitute resolution relating to the Permanent Historic
Designation of the Marcus Center for the Performing Arts and grounds at
929 North Water Street in the 4th Ald. District.

Please PRINT

Name: Marilee Adamski Smith

Address: 16385 Georgetown Dr.

City: Brookfield ZIP CODE: 53005

Organization Represented (if any): ADAPT S/E WI

Email Address: Marilee@adamski'smith.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

The Zoning, Neighborhoods and Development Committee Meeting, in Room 301-B,
3rd Floor, City Hall.
4/30/19

At 9:45 am

**RE: File 181570 - Substitute resolution relating to the Permanent Historic
Designation of the Marcus Center for the Performing Arts and grounds at
929 North Water Street in the 4th Ald. District.**

Please PRINT

Name: MARK DEBRAUSKE

Address: 2955 S. WENTWORTH

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): _____

Email Address: markdebrauske@gmail.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Charles Smith

Address: 540 S. 1st Street

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): _____

Email Address: _____

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Patrick Seeger

Address: 540 S 1st Street

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Independence First

Email Address: Seeger@independancefirst

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please **PRINT**

Name: Audrey Navine

Address: 2429 N. Oakland Ave

City: Milwaukee ZIP CODE: 53211

Organization Represented (if any): _____

Email Address: amnavine@uwm.edu

I wish to speak.

I do not wish to speak.

In Favor

Oppose

**OFFICE OF THE CITY CLERK
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Please **PRINT**

Name:

Jacqueline Herd-Barber

Address:

5400 W River TRAIL RD

City:

MILWAUKEE

ZIP CODE:

53092

Organization Represented (if any):

Marcus Center

Email Address: _____

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Anthony Smith

Address: 1226 no. 29th St.

City: Milw ZIP CODE: 53208

Organization Represented (if any): Marcus Center

Email Address: asmith@marcuscenter.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Please PRINT

Name: Lauren Grudzinski
Address: 5020 N Bay Ridge Ave Home
City: Whitefish Bay ZIP CODE: 53217
Organization Represented (if any): Independence First
Email Address: lgrudzinski@independence
first
.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose