Nο	e e e e e e e e e e e e e e e e e e e
140.	

#### REGISTRATION FORM

Name:	Bothan Sanches	managaring and a second a second and a second a second and a second a
speak	PLÈASE PRINT YOUR NAME PH	ONETICALLY, if you wish to
Address:	600 E. Mason S	H- #205
City:	Milwarkas	_ Zip Code: S3202
Organiza	tion Represented (if any): M &	Milw- Fair Housing
<u> </u>	I wish to speak.	Council
<del></del>	I do not wish to speak.	

No.	Q
	***************************************

### REGISTRATION FORM

Name: Ms, KosE	
PLEASE PRINT YOUR NAME PH	IONETICALLY, if you wish to
speak	
Address: P.O. Box 1783	
City: MILWAUSEE	_ Zip Code: 53 20/
Organization Represented (if any): Commun	WITY HOVOCATE
I wish to speak.	
I do not wish to speak.	

### REGISTRATION FORM

Name:	Andrew	Kubaczyk		
speak	PLEASE PRI	NT YOUR NAME P	HONETICALL	Y, if you wish to
Address:	3751	S. AUSTIN		
City:	Milwarl	-00	Zip Code:_	53207
Qrganiza	tion Represented	(if any):		
<del></del>	I wish to sp	eak.		
	I do not wis	sh to speak.		

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No.	

#### REGISTRATION FORM

Name:speak	PLEASE PRI	Wagner NT YOUR NAME I	PHONETICALLY, if you wish to
Address:	3300 N	Newhall	5+,
City: N	ilwarkee		Zip Code: <u>53~1/</u>
Organizatio	on Represented	(if any):^o	<u></u>
	I wish to sp	eak.	
····	I do not wis	sh to speak.	

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No.	Card .
	***************************************

### REGISTRATION FORM

Name:	Danie!	Lee		
speak	PLEASE PRINT Y	OUR NAME P	HONETICALL	Y, if you wish to
Address:	6133 W.	Spokane	54.	
City:	ilvankee		Zip Code:_	23
Organization	Represented (if any	y):		
1/	I wish to speak.			
	I do not wish to s	speak.		

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No.	$\sim$

#### REGISTRATION FORM

Name: Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak				
Address: 4834 5 26th ST.				
City: 10/1/w.	_ Zip Code: <u>532</u>			
Organization Represented (if any):				
I wish to speak.				
I do not wish to speak.				

	7
No	•

#### REGISTRATION FORM

Name: / C	CHATES	MOORE		
speak P	LEASE PRINT	YOUR NAME PHO	ONETICALL	Y, if you wish to
Address: S	816 5.	75 th 5/10		
City: Mul	<u> </u>		Zip Code:	53220
Organization l	Represented (if	any): MPS		
X	I wish to speak	ζ.		
	I do not wish t	o speak.		

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No.	

#### REGISTRATION FORM

Name:	Linda	Elmer	AT DUO TO		
speak	PLEASE PRINT	YOUR NAI	ME PHONETI	CALLY, if you wis	sh to
Address:	1128 E	. Noth	Ara.		**************************************
City:	Milizula		Zip C	ode: 53212	
Organizati	on Represented (if	any):			
~	I wish to speal	ζ.			
	_ I do not wish t	o speak.			

	Q	
No.		

#### REGISTRATION FORM

Name: FECIX A	QUESTE	games de Caración		
PLEASE PRINT YO speak	UR NAME PHO	ONETICALI	LY, if you wish to	
Address: 911	MARCE	. Same		
City: MICGAJKEE		Zip Code:_	53204	··- ,
Organization Represented (if any)	): 	***************************************		
I wish to speak.				
I do not wish to spe	eak.			

No.	10

#### REGISTRATION FORM

Name: Life	ndy Len	Nix		
speak P	LEÅSE PRINT	YOUR NAMI	E PHONETICAL	LY, if you wish to
Address: 70	25 N	415		
City:	ĹV ,		Zip Code:	53209
Organization F	Represented (if	any):		
	I wish to spea	k.		
	I do not wish	to speak.		

No.	A Company
No.	**************************************

### REGISTRATION FORM

I valify	SE PRINT YOU	JR NAME PHONETICAL	LY, if you wi	ish to
Address: 29	5/ N.	DOUSMAN	Ly f	
City: Milw	o Kal	Zip Code:_	5321	Consequence
Organization Repr	esented (if any):	Minnorkee	James J. Commission	
I w	ish to speak.			
I do	not wish to spe	ak.		

No. /2	
	***

#### REGISTRATION FORM

Name: Kicharc		<u> </u>	
PLEASE P speak	RINT YOUR NAM	IE PHONETICAL	LY, if you wish to
Address: 93/6	N.Park	HILL	Ave
City: <i>加ルル                                   </i>		Zip Code:_	53226
Organization Represent	ed (if any):		
I wish to	speak.		
I do not	wish to speak.		

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No.	

#### REGISTRATION FORM

Name: F	PLEASE PRINT YOUR NA	······································	ALLY, if y	ou wish to
Address:	2959 5.	43.1	5+.	
City:^	110	Zip Co	de: <u>5</u>	719
Organization	Represented (if any):	Molwaul	Cec.	Fire
<del></del>	I wish to speak.			,
	I do not wish to speak.			1

No. \_/<u>/</u>\_\_\_\_

### OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Name: Peter Huffel
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: 2955 A. N. France, St.
City: Zip Code: 532/2
Organization Represented (if any): Devile Kind Wisconsis Constitution Represented (if any):
I wish to speak.
I do not wish to speak.

	t den
No.	

### REGISTRATION FORM

Name:speak	PLEASE PRINT YO	Dugan DUR NAME PHO	NETICAL	LY, if yo	ou wish to	<del></del>
Address:	2120 Blac	Lens burg	22	NE	Sate	
City:	WAShingTon	DC.	Zip Code:	San De Car	18	<del></del>
Organizat	tion Represented (if any)  I wish to speak.	): <u>I</u> A. for for	Lance Section	.15		
	I do not wish to sp	eak.				

No.	16
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#### REGISTRATION FORM

Name:	PLEASE P	WASSE RINT YOUR	NAME PHO	Comment of the Commen	LY, if you wish to	<del></del>
Address:		<u> </u>	Edd J. Sing	<u> </u>	he	***************************************
City: \(\)	MUZAU	Ley		Zip Code:_	63306	<del></del>
Organizatio	on Represente	ed (if any):	57. 7.	<u>Molly</u>	Buptit	LANG /
$\overline{\times}$	_ I wish to	speak.	LEC	*		Manuellinasse:
	I do not	wish to speak.		*	CCCAPAGE COLOR	

No.	17	
	***************************************	

#### REGISTRATION FORM

Name:	) 10 <u>3</u> <u> </u>		DELGAD	14		
speak	PLEASE PR	INT YOU	R NAME PHON	ETIC	CALLY, if you w	ish to
Address:	344 3		ANCETON		AC	
City:	UN AILE	Monthly Committee	Zi	ip Co	ode: <u>532/</u> 5	i≈21.
Organizatio	n Represented	d (if any):	LOCAL	Ž.	to Sanker	
<u> </u>	I wish to s	peak.				
**************************************	I do not w	ish to spea	k.			

2.7	18
No.	
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### REGISTRATION FORM

Name: Jom	BACKES PRINT YOUR NAME		
speak	PRINT YOUR NAME	PHONETICAL	LY, if you wish to
Address: 5743	N. Brkeley		
City: McC		Zip Code:	53217
Organization Represen	ited (if any):	95 BA	ANLEY TECH
I wish t	o speak.		/
I do not	t wish to speak.		

	14
No	î î
* 10.	***************************************

### REGISTRATION FORM

Name:	SENNIS	OULA	HAN	MTEA
speak	PLEASE P	RINT YOUR NAM	ME PHONETICAI	LLY, if you wish to
Address:	5130	W VLIET	ST	
City:	MILWAI	JKEE	Zip Code	: 53208
Organizati	on Represent	ed (if any):^	TEA - P	RESIDENT
$\perp$	_ I wish to	speak.		
<del></del>	_ I do not	wish to speak.		

No.	20
	****

#### REGISTRATION FORM

Name:	······································		HOW SI	*
speak	PLEASE PRINT YO	UK NAME	PHONETICALL	X, if you wish to
Address:	3591 W.	5/	F. J. J. L.	AL
City:	MILW		Zip Code:	53208
Organiza	tion Represented (if any)	: <u>/</u>	105	
***************************************	I wish to speak.			
	I do not wish to sp	eak.		

No.	21

#### REGISTRATION FORM

Name: C	)tville ?	Seymer	
speak	PLEASE PRINT YOU	JR NAME PHONETICAL	LLY, if you wish to
Address:			
City:		Zip Code	<u></u>
Organization	Represented (if any):	Cetezeneson	Responselle
X	I wish to speak.	V	Coevernment
	I do not wish to spe	ak	

3.7	70
No.	

### REGISTRATION FORM

Name:speak	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address:	6369 5. 23 nd 54.
City: W	Luanhee, CNL Zip Code: 53221
Organization	n Represented (if any): WPS-Bundly TechHS
X	I wish to speak.
***************************************	I do not wish to speak.

No.	23
~	***************************************

### REGISTRATION FORM

Name:speak		OUR NAME PHONETI	CALLY, if you wish to
Address:	3 8 mm	Van Buren	
City:	11 May Anderson	Zip C	Code: 53303
Organizati		y):	th conference
	<ul><li>I wish to speak.</li><li>I do not wish to s</li></ul>	speak.	

		711
	No.	CX Y
5		

#### REGISTRATION FORM

Name: speak	PLEASE PRINT YOUR NAME P	HONETICALI	LY, if you wish to
Address:	2661A North Francy	Street	
City:	Milwankee	Zip Code:_	53212
Organizat	ion Represented (if any): League	e of Worke	a VAERS OF
X	I wish to speak.	:	Milwangee Coun
***************************************	I do not wish to speak.		

	25
No.	- Samuel

#### REGISTRATION FORM

Name: Luke Jones	
speak PLEASE PRINT YOUR NA	AME PHONETICALLY, if you wish to
Address: 3565 S. 75th S	Street
City: Milwaukt 2	Zip Code:53@@
Organization Represented (if any):	1-215
I wish to speak.	
I do not wish to speak.	

No.	26
	***************************************

#### REGISTRATION FORM

Name:	Kussell Schro	
speak	PLEASE PRINT YOUR NAM	ME PHONETICALLY, if you wish to
Address:	8955 N. 86th	St
City:	Milwauker	Zip Code: 53224
Organizati	on Represented (if any):	
$\geq$	_ I wish to speak.	
<del></del>	_ I do not wish to speak.	

	0 <b>17</b>
No.	cx1

#### REGISTRATION FORM

Name: BRIAN Gee PLEASE PRINT YOUR Speak	9 Kick OUR NAME PHONETICALL	Y, if you wish to
Address: 3931 5.58	34	
City:	Zip Code:	770
Organization Represented (if any I wish to speak.	y):	
I do not wish to s	sneak	

No.	2	8
	P	

#### REGISTRATION FORM

Name: Scott Hall		
PLEASE PRINT YOU	R NAME PHONETIC.	ALLY, if you wish to
Address: 6545 ()	Wilbur	Aul
City: Milwaulel	Zip Coo	de:53220
Organization Represented (if any):		
I wish to speak.		
I do not wish to spea	ık.	

No.	29
	***************************************

### REGISTRATION FORM

Name:	· Kwiatkowsk	
speak	LEASE PRINT YOUR NAME	PHONETICALLY, if you wish to
Address: 3	659 5 955	
City: Mi	(A) (	Zip Code: 53224
Organization F	Represented (if any):	
<u>X</u>	I wish to speak.	
	I do not wish to speak.	

No.	30

#### REGISTRATION FORM

Name:	148/C	) ! : 10 el		
PLEAS	F PRINT VOLU	R NAME DH	ONETICALI	Y, if you wish to
speak	ETIMINI TOO	IC TANDET I II	ONLITCALL	1, 11 you wish to
Address: 422	9 5	SCH	Sheet	
City:	o V		_ Zip Code:	53990
Organization Repres	ented (if any):			
I wish	h to speak.			
I do r	not wish to speal	k.		

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No.	<u> </u>	

#### REGISTRATION FORM

Name:speak	V. ( )		NAME PHO	ONETICALI	LY, if you wish to
Address:	625	1.	50%	G.	
City:	MICLANCE	C.		Zip Code:_	53203
Organizatio	on Represented (	if any):		7.7	
	I wish to spe				
	I do not wisl	n to speak.			

#### REGISTRATION FORM

Name:	KEUN	10	NAGHAN	
speak	PLEASE PRINT	YOUR N	NAME PHONETICALI	Y, if you wish to
Address:	4816		CLEVELAND	AUC.
City:	Arw.		Zip Code:_	53219
Organizati	on Represented (if	any):	Muy. F	1RC
>	I wish to speal	ζ.		
	I do not wish t	o speak.		

#### REGISTRATION FORM

Name:	ドゥら PLEASE PR	SENATION NA	ON AME PHO	ONETICALLY, if you wish to	~~~
speak				•	
Address:	273	SAWIN	***************************************	2)	
City:	lew 1/61	rk		Zip Code: 1/710	
Organizati	on Represented	d (if any):		4 FOY MFD	
	I wish to s	speak.	/		
	I do not w	ish to speak.			

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TAO.	

### REGISTRATION FORM

Name:	PLEASE F	PRINT YOUR NAME	PHONETICALLY, if you wish to
speak	erishmi.		
Address:	3209	5 8345	aljan.
City:	MUMME	-game.	Zip Code: 5325
Organiza	tion Represent	eed (if any):	<u> </u>
	I wish to	speak.	
	I do not	wish to speak.	

	121
No.	

#### REGISTRATION FORM

Name:	Sco+		ilter		
speak	PLEASE P	RINT Y	OUR NAME PH	ONETICALL	Y, if you wish to
Address:	4801	$W_{i}$	Jackson	Park	Dr.
City:	Milwan	Ree		_ Zip Code:_	53219
Organizat	ion Represente	ed (if any	y):		***************************************
	I wish to	speak.			
	I do not v	vish to s	peak.		

No.	36	

#### REGISTRATION FORM

Name: speak	PLEASE PR	INT YOU	R NAME PH	IONETICALI	LY, if you	wish to
Address:	5786	5. /				
City:	<u> </u>			Zip Code:_		
Organizatio	on Represented	(if any):	17/12/2	A Windows Con-		Charles Control
X	I wish to s	peak.				
<del></del>	I do not w	ish to spea	ık.			

	2/1
No.	

#### REGISTRATION FORM

Name: KYLE ' DAUNIES PLEASE PRINT YOUR NAME PH speak	ONETICALLY, if you wish to
Address: 2247 W. GOLDLREST 1	412
City: MILWAJECC	Zip Code: 5 3 0 0 /
Organization Represented (if any): _M.F.O	
I wish to speak.	
I do not wish to speak.	,

No	

#### REGISTRATION FORM

Name:		DUFTEY				
speak	PLEASE PR	INT YOUR NAME	PHONETICALL	Y, if you wish to		
Address:	1108 N	· MILWAUKE	e or #	518		
City: MIWAUKKE Zip Code: 532						
Organizati	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to eak ddress: 1108 P. MIWAVHE ST # 318					
	_ I wish to s	peak.				
	_ I do not wi	sh to speak.				

No.	39
¥ 10.	

### REGISTRATION FORM

Name:	RICHARD	Q.V.	(6 & 2. 7	(KMIGTEE)	
Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak  Address: Zip Code: Zip Code:					Ю.
Address:	2778 2	3.584			
City:	MILWAUKA			Zip Code: 5322 1	
PLEASE PRINT YOU speak  Address: 3500 S 3500  City: 1000 A 1000 Represented (if any):  I wish to speak.		(if any):	<u> M</u>	. 7	
	I wish to sp	eak.			
	PLEASE PRINT YOUR beak  ddress: S S S S S S S S S S S S S S S S S S	k.			

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MO.	·····

#### REGISTRATION FORM

Name:/	Chart 1	luster				
speak	PLEASE PF	RINT YOUR NA	ME PHONETIC	ALLY, if yo	ou wish	to
Address:	70/3 (	U Water	ford Ave			
City:	luche		Zip Coo	de: 5323	20	<del>, , , , , , , , , , , , , , , , , , , </del>
Organizati	on Represente	d (if any):	ca/215	Hilu.	File	<u>D</u>
A	I wish to	speak.				
<u></u>	_ I do not v	vish to speak.				

Νſο	41
NO.	

#### REGISTRATION FORM

Name: Sat	- Wilese		:	
PLEAS speak	E PRINT YOUR	NAME PHONET	TCALLY, if	you wish to
Address: 337	5 5,574	18th 21		
City: MILL WA			Code:	
Organization Repre	sented (if any): _/	HOLT PHAK.	Wedhow	100 / Rod
I wis	sh to speak.			
I do	not wish to speak	•		

No.	42

#### REGISTRATION FORM

Name:	aca .	<u> Smr</u>			
speak	LEASE PR	INT YOUI	R NAME PHO	ONETICALL	Y, if you wish to
Address:	<u> </u>				
City:				_ Zip Code;	5315
Organization 1	Represented	(if any):	MAS		
4	I wish to s	peak.			
	I do not w	ish to speal	k.		

No	4.3
INO.	· ~

#### REGISTRATION FORM

Name: 14 Mone C Ham	S
PLEASE PRINT YOUR NAME PE	HONETICALLY, if you wish to
Address: 4615 N Sherman	
City:	Zip Code: 5556
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

#### REGISTRATION FORM

JOINT PUBLIC HEARING - 2008 BUDGET
October 15, 2007, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name:
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address:
Zip Code:
Zip Code:

I wish to speak.

I do not wish to speak.

#### REGISTRATION FORM

Name:	MITON	· Complete of the control of the cont	
	PLEASE PRINT YOUR N	NAME PHONETICALLY, if you wish to	
speak	and the	d de	
Address:	VVCICA.	94th St.	
City:	The state of the s	Zip Code:	
Organizat	ion Represented (if any):	Atla Planc Sch	
<u> </u>	I wish to speak.		
	I do not wish to speak.	,	

#### REGISTRATION FORM

Name: Wendell J. Harris
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2727 N. 67th Street
City: Wi Wauker Zip Code: 53212
Organization Represented (if any): Milwaukee Branc NAACP
I wish to speak.
I do not wish to speak.

### REGISTRATION FORM

Name: PLEASE PRINT YOUR NAME PHO	ONETICALLY, if you wish to
Address: 5705 w. Tremto-Pl	
City:	Zip Code: (3)
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	