

No. 1

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

REGISTRATION FORM

Steering & Rules Committee Meeting on
February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: David Weingrad

Address: 2815 E. Oklahoma

City: Milw Zip Code: 53207

Organization Represented (if any): SCU

Email address: _____

I wish to speak.

I do not wish to speak.

No. 2

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

Steering & Rules Committee Meeting on
February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Leah Noid-Harrington

Address: 1119 N 4th 21st Street

City: Milwaukee Zip Code: 53233

Organization Represented (if any): Milwaukee Collegiate Academy

Email address: noidharringtonleah@gmail.com

I wish to speak.

I do not wish to speak.

No. 3

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

Steering & Rules Committee Meeting on
February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Jonathan Wertz

Address: 1111 E Fairmount Ave

City: Whitefish Bay WI Zip Code: 53217

Organization Represented (if any): Parent of Esauel Verde Student

Email address: jwertz@mcw.edu

I wish to speak.

I do not wish to speak.

No. 4

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 - Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Tayman O'Neil

Address: 3813 N 52nd Street

City: Milwaukee Zip Code: 53216

Organization Represented (if any): MCA

Email address: kymanoned0@gmail.com

I wish to speak.

I do not wish to speak.

5

No. _____

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File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: LAWRENCE HOFFMAN

Address: 1225 E. WRIGHT ST., # 1

City: MILW. Zip Code: 53212

Organization Represented (if any): _____

Email address: larryhof@earthlink.net

I wish to speak.

I do not wish to speak.

No. 6

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Amos Malone

Address: 2615 N. 24th place

City: Milwaukee Zip Code: 53206

Organization Represented (if any): MCA

Email address: MaloneA006@uww.edu

I wish to speak.

I do not wish to speak.

No. 7

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

REGISTRATION FORM

Steering & Rules Committee Meeting on
February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Daisha Rogers

Address: 2203 N. 36th Street

City: Milwaukee Zip Code: 53208

Organization Represented (if any): MA

Email address: daisha.rogers@marquette.edu

I wish to speak.

I do not wish to speak.

No. 8

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Marcia Hernandez

Address: _____

City: Milw. WI Zip Code: 53228

Organization Represented (if any): Women Informed

Email address: women_informed@gmail.com

I wish to speak.

I do not wish to speak.

No. 10

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Melvin Aldridge Sr.

Address: 3812 N 25th Street

City: Milwaukee Zip Code: 53206

Organization Represented (if any): Milwaukee Collegiate Academy

Email address: Melvin.Aldridge@MilwaukeeCollegiateAcademy.com

I wish to speak.

I do not wish to speak.

No. 9

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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February 18, 2016 at 1:30 PM, 3rd Floor, City Hall

File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Terrance Franklin

Address: 4261 N. 45th St.

City: Milwaukee Zip Code: 53216

Organization Represented (if any): Milwaukee Collegiate Academy

Email address: _____

I wish to speak.

I do not wish to speak.

No. _____

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File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: Tracy Thompson

Address: 3008 S Delawake

City: _____ Zip Code: _____

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

No. _____

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File 150804 - Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: JACK

Address: 3008 S Pu Avenue

City: Milwaukee Zip Code: 53207

Organization Represented (if any): WFO

Email address: WFO

I wish to speak.

I do not wish to speak.

No. _____

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File 150804 -Communication from the Charter School Review Committee
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Name: Shaloun Mims

Address: _____

City: Milwaukee Zip Code: 53209

Organization Represented (if any): MCA

Email address: _____
 I wish to speak.

I do not wish to speak.

No. _____

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File 150804 -Communication from the Charter School Review Committee
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Name: Adolpha Hackney

Address: 2670 N Elm St.

City: Milwaukee Zip Code: 53212

Organization Represented (if any): YMCA

Email address: _____

I wish to speak.

I do not wish to speak.

No. _____

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File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: MS Shipp

Address: 4030 N 29th

City: Milwaukee, Wisconsin Zip Code: 53206

Organization Represented (if any): MCA

Email address: _____

I wish to speak.

I do not wish to speak.

No. _____

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File 150804 -Communication from the Charter School Review Committee
transmitting its 2014-2015 Annual Report.

Name: HOWARD FUSICA

Address: 3290 N. 44th ST

City: MILWAUKEE Zip Code: 53216

Organization Represented (if any): NCA

Email address: _____

I wish to speak.

I do not wish to speak.

No. _____

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File 150804 -Communication from the Charter School Review Committee
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Name: Robert S. White

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.