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

**REGISTRATION FORM**

The Special Public Safety meeting on October 3, 2016.  
In Room 301-B, City Hall

**RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.**

Please **PRINT**

Name: PATRICIA M-MANUS

Address: 3020 W Uluu Street

City: Milwaukee ZIP CODE: 53208

Organization Represented (if any): Black Health Coalition W.

Email address: pmanus@bhcw.org

I wish to speak.

I do not wish to speak.

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**RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.**

Please **PRINT**

Name: Jim BARTOS

Address: 6177 N. Milwaukee River PARKWAY

City: Glendale ZIP CODE: 53209

Organization Represented (if any): Wisconsin Community Services

Email address: JBARTOS@WISCS.ORG

I wish to speak.

I do not wish to speak.

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**RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.**

Please **PRINT**

Name: Cheryl Gumb

Address: PObox 76406

City: Milwaukee ZIP CODE: 53216

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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**RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.**

Please **PRINT**

Name: FRED ROYAL

Address: 2745 N. MLK DR.

City: MIL ZIP CODE: 53212

Organization Represented (if any): NAACP

Email address: Froyald@Sbcglobal.net

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: RL McJury

Address: 3909 W. Sherman Blvd (FCAB)

City: Milwaukee ZIP CODE: 53216

Organization Represented (if any): FCAB Federalist Party ADVOCATE BOARD

Email address: RLMATTY@WCRR.COM

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Joseph Ellwanger

Address: 1637 N. 16<sup>th</sup> St,

City: Milwaukee ZIP CODE: 53205

Organization Represented (if any): MICAH & CCQP

Email address: joel.ellwanger@gmail.com

I wish to speak.

I do not wish to speak.

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RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: TAMMY L. RIVERA

Address: 1300 S. LAYTON BLVD.

City: MILWAUKEE ZIP CODE: 53215

Organization Represented (if any): SOUTHSIDE ORGANIZING COMMITTEE

Email address: Tammy L. Rivera Tammy.Rivera@SOC  
milwaukee.org

I wish to speak.

I do not wish to speak.

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Milwaukee.**

Please **PRINT**

Name: Chris Ahmady

Address: 207 E. Buffalo St. Ste. 321

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): ACLU of Wisconsin

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.



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Please **PRINT**

Name: Darrell Morin

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Organization Represented (if any): LULAC

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: ~~Elysa...~~ Sarah Milnar McLaughlin

Address: 3154 S. Mabbett Ave.

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): Center for Youth Engagement /

Email address: sarah@centerforyouthengagement.org Beyond the Bell

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Patrick Schrank

Address: 807 S KAME ST.

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Milwaukee Christian Center

Email address: pschrank@mccwi.org

I wish to speak.

I do not wish to speak.

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**RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.**

Please **PRINT**

Name: OCTAVIA Parker

Address: 2470 W. Locust St.

City: Milwaukee ZIP CODE: 53206

Organization Represented (if any): Amani Dominican Center

Email address: octavia.bnep@gmail

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Malcolm HUNT

Address: 3940 N. 61<sup>ST</sup> ST

City: Milw ZIP CODE: 6053216

Organization Represented (if any): Least of these

Email address: Malcolm HUNT

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: ROSE Stietz

Address: 3161 N. M.L. King DR. #4012

City: MILWAUKEE ZIP CODE: 53212

Organization Represented (if any): MICAH + Myself

Email address: ROSES@smdpmilw.com

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: LAMARIZ MATS

Address: 5368 N HOPKINS

City: MIL WIS ZIP CODE: 53209

Organization Represented (if any): MANAHC SAMORAI

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Ray Gingerich

Address: 5631 Bentwood La

City: Greendale ZIP CODE: 53219

Organization Represented (if any): Community Bldg. Milwaukee

Email address: rjgingerich

I wish to speak.

I do not wish to speak.



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Please PRINT

Name: Jeanne Geraci

Address: 1849 N. MLK Dr.

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): Benedict Center

Email address: jgeraci@benedictcenter.org

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Kanesha Durr

Address: 5930 N 78<sup>th</sup> St

City: Milwaukee ZIP CODE: 53218

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: BRENDA HART- Richardson

Address: 3362 N 26<sup>th</sup> St

City: MILW ZIP CODE: 53206

Organization Represented (if any): Block Rep. AMANI COMM. ETC.

Email address: BRENDAHART41@yahoo.com

I wish to speak.

I do not wish to speak.



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Please **PRINT**

Name: Elysse Chay

Address: 2646 N 68th St

City: Wauwatosa ZIP CODE: 53213

Organization Represented (if any): Beyond the Bell

Email address: Elysse@moMaven.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: NATE HAMILTON

Address: 1332 N 24th St

City: Milw ZIP CODE: 53205

Organization Represented (if any): Coalition For Justice

Email address: Soany-131@1100.com

I wish to speak.

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Please **PRINT**

Name: Jay Holmes

Address: 3232 N. 41

City: Milwaukee ZIP CODE: \_\_\_\_\_

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

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Please **PRINT**

Name: JAY Holmes

Address: 3832 N. 91

City: Milwaukee ZIP CODE: \_\_\_\_\_

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

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Please **PRINT**

Name: Ratie Sanders Safe & Sound

Address: 801 W Michigan St.

City: Milwaukee ZIP CODE: 53223

Organization Represented (if any): Safe & Sound

Email address: ksanders@safesound.org

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Valerie Dixon

Address: 4831 North. 19th Street

City: Milwaukee ZIP CODE: 53209

Organization Represented (if any): Parent, mother, Community  
Email address: Ameslynetta Valerie @ gmail.com *Atwanes*

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: C. Caffrey

Address: 555 N. 31<sup>st</sup>

City: \_\_\_\_\_ ZIP CODE: 53208

Organization Represented (if any): on Merrill Pk Comm. Org. board

Email address: \_\_\_\_\_

I wish to speak.

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Name: Bob Greene

Address: 461 N. 35th St

City: Milwaukee ZIP CODE: 53205

Organization Represented (if any): Merrill Park M.A.

Email address: bobg@mpna.org

I wish to speak.

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Name: Lonnie Saffold  
Address: 6352 N. 184 St  
City: Mil ZIP CODE: 53285  
Organization Represented (if any): Lamb of God  
Email address: \_\_\_\_\_

I wish to speak.

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Please **PRINT**

Name: BARBARA MOORE

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Organization Represented (if any): Project Respect Inc.

Email address: respectinc.project@yahoo.com

I wish to speak.

I do not wish to speak.