

No. 1

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

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Jeff Martinka

Address: 2819 W. Richardson Pl.

City: MKE 53208

Organization Represented (if any): Neighborhood base of MKE

Email: jmartinka@nh-milw.org

I wish to speak.

I do not wish to speak.

No. 2

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

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Bria Grant

Address: 1001 W. Lake

City: Milw

Organization Represented (if any): Unite MILK

Email: Bria@unite.milwaukee

I wish to speak.

I do not wish to speak.

No. 3

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

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Frank Sensabaugh

Address: 4771 Nth 34th St.

City: Milwaukee WI

Organization Represented (if any): C.P.R. crisis prevention & resolution

Email: itsfranknitty@gmail.com D.N.A. center

I wish to speak.

I do not wish to speak.

No. 4

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

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Van Mays

Address: 2746A N. 49th

City: Milwaukee

Organization Represented (if any): Program The Parks

Email: program the parks mke@gmail.com

I wish to speak.

I do not wish to speak.

No. 5

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

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Toni Jones-Dixon

Address: 4200 North Helton *osat Address*

City: milw

Organization Represented (if any): OSAT

Email: toni@whatsyournext.org

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Deborah Blanks

Address: 3838 N. Oakland Ave Unit 171

City: Shorewood WI 53211

Organization Represented (if any): Resident

Email: deborahblanks26@gmail

I wish to speak.

I do not wish to speak.