

| Customer Name                  | Invoice Number | Invoice Date | Amount    | Interest | Total             | Reason  |
|--------------------------------|----------------|--------------|-----------|----------|-------------------|---|
| City of Milwaukee              |                |              |           |          |                   |   |
| Accounts Receivable Write Offs |                |              |           |          |                   |   |
| Amounts over \$5,000.00        |                |              |           |          |                   |   |
| 12/31/2024                     |                |              |           |          |                   |   |
| Crystal Martin                 | 5140019456     | 11/29/2021   | 6,512.59  | 2,155.23 | 8,667.82          | expired statute of limitations                            |
| Darquise James Davis           | 5140019441     | 11/22/2021   | 18,083.30 | 5,951.33 | 24,034.63         | expired statute of limitations                            |
| Betty J Braun                  | 5140015907     | 12/18/2018   | 6,151.39  | -        | 6,151.39          | difference between amount billed and insurance settlement |
| Seaira D Brown                 | 5140016598     | 6/4/2019     | 13,881.70 | -        | 13,881.70         | expired statute of limitations                            |
| Collette E McDougal            | 5140016923     | 8/8/2019     | 11,419.17 | -        | 11,419.17         | expired statute of limitations                            |
| Percy Lee Love IV              | 5140017698     | 12/31/2019   | 9,114.06  | -        | 9,114.06          | expired statute of limitations                            |
| Martin I Rice                  | 5140019419     | 11/16/2021   | 5,185.39  | 1,708.36 | 6,893.75          | expired statute of limitations                            |
| Craig G Frese                  | 5140019367     | 11/8/2021    | 6,834.22  | 2,249.06 | 9,083.28          | expired statute of limitations                            |
| Comerstone One                 | 5140019248     | 10/4/2021    | 6,126.50  | 2,080.75 | 8,207.25          | unable to prove contractor caused damage                  |
| Jobsco Construction            | 5140019241     | 9/29/2021    | 9,410.92  | 3,285.78 | 12,696.70         | Kohn unsuccessful, unable to locate company               |
| Anthony R Crump Jr             | 5140018716     | 2/25/2021    | 11,617.99 | 4,870.08 | 16,488.07         | expired statute of limitations                            |
| Abdiel G Ceron-Hernandez       | 5140018704     | 2/23/2021    | 5,379.14  | 2,254.65 | 7,633.79          | expired statute of limitations                            |
| WIN LLC                        | 5140018626     | 2/4/2021     | 6,728.51  | 3,021.71 | 9,750.22          | unable to prove contractor caused damage                  |
| Euell J Smith                  | 5140018715     | 2/25/2021    | 22,418.33 | 9,397.17 | 31,815.50         | expired statute of limitations                            |
| Joseph E Powell                | 5140018710     | 2/24/2021    | 6,736.17  | 2,821.42 | 9,557.59          | expired statute of limitations                            |
| Tartanar D McKay               | 5140018713     | 2/25/2021    | 23,496.17 | 9,849.02 | 33,345.19         | expired statute of limitations                            |
| Telcom Construction            | 5140018623     | 3/8/2021     | 8,891.19  | 3,992.92 | 12,884.11         | unable to prove contractor caused damage                  |
| Riverside Plumbing             | 5140018600     | 1/25/2021    | 6,854.40  | 3,143.81 | 9,998.21          | unable to prove contractor caused damage                  |
| Mir Rooter c/o Joseph Fix      | 5140018266     | 6/5/2020     | 18,750.00 | 8,796.59 | 27,546.59         | unable to prove contractor caused damage                  |
|                                |                |              |           |          | <b>269,169.02</b> |   |

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                              |                                      |                    |
|------------------------------|--------------------------------------|--------------------|
| Number <u>5140019456</u>     | Amount of claim or account as billed | <u>\$ 6,512.59</u> |
| Dated <u>11/29/2021</u>      | Interest Added                       | <u>\$ 2,155.23</u> |
| Name <u>CRYSTAL R MARTIN</u> | Cancellation or adjustment amount    | <u>\$ 8,667.82</u> |
|                              | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501 - 0007 - 5237

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved

*Tawanna J Swarigan*

By D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By *[Signature]*  
Department Head (signature)

Date 2/10/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of *Richard Bore* Special Deputy  
City Comptroller (signature) EV

Date February 19 20 25

Distribution:

- (White) - Comptrollers Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:25

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 22 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                  |                                      |                     |
|----------------------------------|--------------------------------------|---------------------|
| Number <u>5140019441</u>         | Amount of claim or account as billed | \$ <u>18,083.30</u> |
| Dated <u>11/22/2021</u>          | Interest Added                       | \$ <u>5,951.33</u>  |
| Name <u>DARQUISE JAMES DAVIS</u> | Cancellation or adjustment amount    | \$ <u>24,034.63</u> |
|                                  | Adjusted balance                     | \$ <u>(0.00)</u>    |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0007-5237

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment of cancellation approved

By Tawanna J Swanigan  
D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/2025 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bore Special Deputy  
City Comptroller (signature) EV

Date February 19 20 25

Distribution:  
(White)- Comptrollers Office  
(Canary)- Originating department of claim or account  
(Pink) - City Attorney's Office  
(Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:25

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 22 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                           |                                      |                    |
|---------------------------|--------------------------------------|--------------------|
| Number <u>5140015907</u>  | Amount of claim or account as billed | <u>\$ 6,151.39</u> |
| Dated <u>12/18/2018</u>   | Interest Added                       | <u>\$ 0.00</u>     |
| Name <u>BETTY J BRAUN</u> | Cancellation or adjustment amount    | <u>\$ 6,151.39</u> |
|                           | Adjusted balance                     | <u>\$ 0.00</u>     |

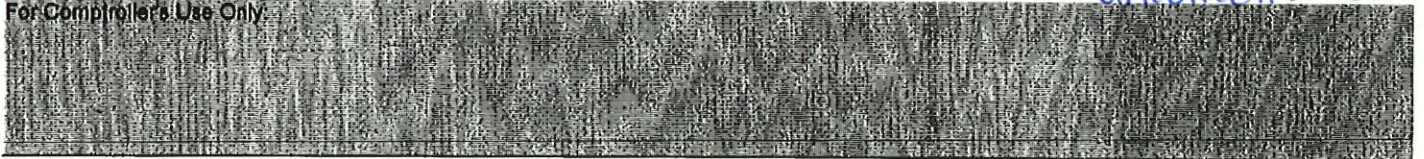
Reason for cancellation or adjustment:

**DIFFERENCE BETWEEN AMOUNT BILLED AND INSURANCE SETTLEMENT**

*115501-0007-5237*

*uncollectible*

For Comptroller's Use Only



Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved

By *[Signature]*  
City Attorney's Office (signature)

Date 08/29 20 24

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

Signed by:  
By *Dan Thomas*  
FA7CETAF35AD4CA... Department Head (signature)

Date 8/29/2024 20 24

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of *Richard Bone* *special Deputy EN*  
City Comptroller (signature)

Date February 19 20 25

Distribution:

- (White):- Comptrollers Office
- (Canary)- Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:10

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                            |                                      |                     |
|----------------------------|--------------------------------------|---------------------|
| Number <u>5140016598</u>   | Amount of claim or account as billed | \$ <u>13,881.70</u> |
| Dated <u>06/04/2019</u>    | Interest Added                       | \$ <u>0.00</u>      |
| Name <u>SEAIRA D BROWN</u> | Cancellation or adjustment amount    | \$ <u>13,881.70</u> |
|                            | Adjusted balance                     | \$ <u>0.00</u>      |

Reason for cancellation or adjustment:

**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0007-5237 Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved

By Tawana [Signature]  
City Attorney's Office (signature)

Date 09/03 20 24

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

Signed by:  
By Dan Thomas  
Department Head (signature)

Date 8/30/2024 20 24

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bone, special Deputy  
City Comptroller (signature)

Date February 19 20 25

Distribution:

- (White)- Comptrollers Office
- (Canary)- Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:11  
COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                |                                      |                     |
|--------------------------------|--------------------------------------|---------------------|
| Number <u>5140016923</u>       | Amount of claim or account as billed | <u>\$ 11,419.17</u> |
| Dated <u>08/08/2019</u>        | Interest Added                       | <u>\$ 0.00</u>      |
| Name <u>COLLETTE E MCDUGAL</u> | Cancellation or adjustment amount    | <u>\$ 11,419.17</u> |
|                                | Adjusted balance                     | <u>\$ 0.00</u>      |

Reason for cancellation or adjustment:

**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501 - 0001 - 5452 uncollectible

Submitted by DYLAN WESTPHAL  
DPW-ADMINISTRATION Department

Adjustment or cancellation approved

By [Signature]  
City Attorney's Office (signature)

Date 09/03 20 24

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

Signed by:  
By [Signature]  
Department Head (signature)

Date 8/30/2024 20 24

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of [Signature] special Deputy CN  
City Comptroller (signature)

Date February 19 20 25

Distribution:

(White)- Comptrollers Office

(Canary)- Originating department of claim or account

(Pink) - City Attorney's Office

(Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:11

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                               |                                      |                    |
|-------------------------------|--------------------------------------|--------------------|
| Number <u>5140017698</u>      | Amount of claim or account as billed | <u>\$ 9,114.06</u> |
| Dated <u>12/31/2019</u>       | Interest Added                       | <u>\$ 0.00</u>     |
| Name <u>PERCY LEE LOVE IV</u> | Cancellation or adjustment amount    | <u>\$ 9,114.06</u> |
|                               | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0001-5452 Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved

By *Tawana*  
City Attorney's Office (signature)

Date 09/03 20 24

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

Signed by:  
By *Dan Thomas*  
FA7CE1AF35AD4CA... Department Head (signature)

Date 8/30/2024 20 24

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of *Richard Bore* special Deputy  
City Comptroller (signature) EW

Date February 19 20 25

Distribution:

(White)- Comptrollers Office  
(Canary)- Originating department of claim or account  
(Pink) - City Attorney's Office  
(Goldenrod) - Originator (detach prior to submitting)  
2025 FEB 13 AM 11:12  
COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                           |                                      |                    |
|---------------------------|--------------------------------------|--------------------|
| Number <u>5140019419</u>  | Amount of claim or account as billed | <u>\$ 5,185.39</u> |
| Dated <u>11/16/2021</u>   | Interest Added                       | <u>\$ 1,708.36</u> |
| Name <u>MARTIN I RICE</u> | Cancellation or adjustment amount    | <u>\$ 6,893.75</u> |
|                           | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0007-5237

Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved  
Signed by:  
Tawanna J. Swanigan  
By D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bono special Deputy  
City Comptroller (signature)

Date February 19 20 25

Distribution:

- (White) - Comptrollers Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:25

COMPTROLLER



CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                           |                                      |                    |
|---------------------------|--------------------------------------|--------------------|
| Number <u>5140019367</u>  | Amount of claim or account as billed | <u>\$ 6,834.22</u> |
| Dated <u>11/08/2021</u>   | Interest Added                       | <u>\$ 2,249.06</u> |
| Name <u>CRAIG G FRESE</u> | Cancellation or adjustment amount    | <u>\$ 9,083.28</u> |
|                           | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501 - 0007 - 5237

Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved  
Signed by: Tawanna J Swanigan  
By D29104023FB6420... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of [Signature] special Deputy  
City Comptroller (signature)

Date February 19 20 25

Distribution:  
(White) - Comptrollers Office  
(Canary) - Originating department of claim or account  
(Pink) - City Attorney's Office  
(Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:23

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                             |                                      |                    |
|-----------------------------|--------------------------------------|--------------------|
| Number <u>5140019248</u>    | Amount of claim or account as billed | <u>\$ 6,126.50</u> |
| Dated <u>10/04/2021</u>     | Interest Added                       | <u>\$ 2,080.75</u> |
| Name <u>CORNERSTONE ONE</u> | Cancellation or adjustment amount    | <u>\$ 8,207.25</u> |
|                             | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**UNABLE TO PROVE DEBTOR CAUSED DAMAGE**

For Comptroller's Use Only:

115501-0007-5237

Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved  
Signed by: Tawanna J Swanigan  
By D29T04023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bone special Deputy EV  
City Comptroller (signature)

Date February 19 20 25

Distribution:

- (White) - Comptrollers Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:23

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                 |                                      |                     |
|---------------------------------|--------------------------------------|---------------------|
| Number <u>5140019241</u>        | Amount of claim or account as billed | <u>\$ 9,410.92</u>  |
| Dated <u>09/29/2021</u>         | Interest Added                       | <u>\$ 3,285.78</u>  |
| Name <u>JOBSCO CONSTRUCTION</u> | Cancellation or adjustment amount    | <u>\$ 12,696.70</u> |
|                                 | Adjusted balance                     | <u>\$ 0.00</u>      |

Reason for cancellation or adjustment:

**COLLECTION EFFORTS UNSUCCESSFUL - UNABLE TO LOCATE COMPANY (KOHN)**

For Comptroller's Use Only:

115501-0007-5237

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved  
Signed by: Tawanna J Swanigan  
By D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature] Department Head (signature)

Date 2/6/ 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Base special deputy  
City Comptroller (signature)

Date February 20 20 25

Distribution:

- (White) - Comptrollers Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:23  
COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 22 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                |                                      |                     |
|--------------------------------|--------------------------------------|---------------------|
| Number <u>5140018716</u>       | Amount of claim or account as billed | \$ <u>11,617.99</u> |
| Dated <u>02/25/2021</u>        | Interest Added                       | \$ <u>4,870.08</u>  |
| Name <u>ANTHONY R CRUMP JR</u> | Cancellation or adjustment amount    | \$ <u>16,488.07</u> |
|                                | Adjusted balance                     | \$ <u>0.00</u>      |

Reason for cancellation or adjustment:  
EXPIRED STATUTE OF LIMITATIONS ON COLLECTION

For Comptroller's Use Only:

115501-0001-5452 Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment of cancellation approved  
By Tawanna J Swanigan  
City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/2025 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bone special Deputy  
City Comptroller (signature)

Date February 20 20 25

Distribution:

- (White) - Comptroller's Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:20

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                      |                                      |                    |
|--------------------------------------|--------------------------------------|--------------------|
| Number <u>5140018704</u>             | Amount of claim or account as billed | <u>\$ 5,379.14</u> |
| Dated <u>02/23/2021</u>              | Interest Added                       | <u>\$ 2,254.65</u> |
| Name <u>ABDIEL G CERON-HERNANDEZ</u> | Cancellation or adjustment amount    | <u>\$ 7,633.79</u> |
|                                      | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
EXPIRED STATUTE OF LIMITATIONS ON COLLECTION

For Comptroller's Use Only:

115501-0001-5452

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved  
Signed by:  
Tawanna J Swanigan  
By D29104023FB0426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/2025 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Baro special Deputy  
City Comptroller (signature)

Date February 20 2025

Distribution:

- (White) - Comptrollers Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:19

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date NOVEMBER 25 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                          |                                      |                    |
|--------------------------|--------------------------------------|--------------------|
| Number <u>5140018626</u> | Amount of claim or account as billed | <u>\$ 6,728.51</u> |
| Dated <u>02/04/2021</u>  | Interest Added                       | <u>\$ 3,021.71</u> |
| Name <u>WIN LLC</u>      | Cancellation or adjustment amount    | <u>\$ 9,750.22</u> |
|                          | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**UNABLE TO PROVE CONTRACTOR LIABILITY**

For Comptroller's Use Only:

115501-0007-5237

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment or cancellation approved  
By Tawanna J Swanigan  
D29T04023FB8426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/10/2025 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Boro special deputy  
City Comptroller (signature)

Date February 20 20 25

Distribution:  
(White) - Comptroller's Office  
(Canary) - Originating department of claim or account  
(Pink) - City Attorney's Office  
(Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:19

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 22 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                           |                                      |                     |
|---------------------------|--------------------------------------|---------------------|
| Number <u>5140018715</u>  | Amount of claim or account as billed | <u>\$ 22,418.33</u> |
| Dated <u>02/25/2021</u>   | Interest Added                       | <u>\$ 9,397.17</u>  |
| Name <u>EUELL J SMITH</u> | Cancellation or adjustment amount    | <u>\$ 31,815.50</u> |
|                           | Adjusted balance                     | <u>\$ 0.00</u>      |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0001-5452

Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment of cancellation approved  
By Tawanna J Swanigan  
D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bone Special Deputy  
City Comptroller (signature)

Date February 20 20 25 EV

Distribution:  
(White) - Comptroller's Office  
(Canary) - Originating department of claim or account  
(Pink) - City Attorney's Office  
(Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:20  
COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 30 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                             |                                      |                    |
|-----------------------------|--------------------------------------|--------------------|
| Number <u>5140018710</u>    | Amount of claim or account as billed | <u>\$ 6,736.17</u> |
| Dated <u>02/24/2021</u>     | Interest Added                       | <u>\$ 2,821.42</u> |
| Name <u>JOSEPH E POWELL</u> | Cancellation or adjustment amount    | <u>\$ 9,557.59</u> |
|                             | Adjusted balance                     | <u>\$ 0.00</u>     |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0001-5452

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment of cancellation approved  
Signed by: Tawanna J Swarigan  
By 029104023F80420... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature] Department Head (signature)

Date 2/6/2025 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of [Signature] City Comptroller (signature) Special Deputy EN

Date February 20 20 25

Distribution:

- (White)- Comptrollers Office
- (Canary)- Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:19

COMPTROLLER



CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date August 22 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                              |                                      |                     |
|------------------------------|--------------------------------------|---------------------|
| Number <u>5140018713</u>     | Amount of claim or account as billed | <u>\$ 23,496.17</u> |
| Dated <u>02/25/2021</u>      | Interest Added                       | <u>\$ 9,849.02</u>  |
| Name <u>TARTANAR D MCKAY</u> | Cancellation or adjustment amount    | <u>\$ 33,345.19</u> |
|                              | Adjusted balance                     | <u>\$ 0.00</u>      |

Reason for cancellation or adjustment:  
**EXPIRED STATUTE OF LIMITATIONS ON COLLECTION**

For Comptroller's Use Only:

115501-0001-5452

Uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment of cancellation approved  
By Tawanna J Swanigan  
DZ9104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Rose Special Deputy  
City Comptroller (signature)

Date February 20 20 25

Distribution:

- (White) - Comptroller's Office
- (Canary) - Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:20

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date NOVEMBER 25 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

|   |                                      |                     |
|---|--------------------------------------|---------------------|
| Account or Claim:<br>Number <u>5140018623</u> | Amount of claim or account as billed | <u>\$ 8,891.19</u>  |
| Dated <u>03/08/2021</u>                       | Interest Added                       | <u>\$ 3,992.92</u>  |
| Name <u>TELCOM CONSTRUCTION</u>               | Cancellation or adjustment amount    | <u>\$ 12,884.11</u> |
|   | Adjusted balance                     | <u>\$ 0.00</u>      |

Reason for cancellation or adjustment:  
**UNABLE TO PROVE CONTRACTOR LIABILITY**

For Comptroller's Use Only:

115501-0007-5237

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjusted or cancellation approved  
By Tawanna J Swanigan  
D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/25 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bone Special Deputy CJ  
City Comptroller (signature)

Date February 20 20 25

- Distribution:
- (White) - Comptrollers Office
  - (Canary) - Originating department of claim or account
  - (Pink) - City Attorney's Office
  - (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:19

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date NOVEMBER 25 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                |                                      |                    |
|--------------------------------|--------------------------------------|--------------------|
| Number <u>5140018600</u>       | Amount of claim or account as billed | \$ <u>6,854.40</u> |
| Dated <u>01/25/2021</u>        | Interest Added                       | \$ <u>3,143.81</u> |
| Name <u>RIVERSIDE PLUMBING</u> | Cancellation or adjustment amount    | \$ <u>9,998.21</u> |
|                                | Adjusted balance                     | \$ <u>0.00</u>     |

Reason for cancellation or adjustment:  
**UNABLE TO PROVE CONTRACTOR LIABILITY**

For Comptroller's Use Only:

115501 - 0007 - 5237

uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Signed by:  
Adjustment or cancellation approved  
Tawanna J Swanigan  
By D29104023FB0426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature]  
Department Head (signature)

Date 2/6/ 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Kuro special Deputy  
City Comptroller (signature) EV

Date February 20 20 25

Distribution:

- (White)- Comptrollers Office
- (Canary)- Originating department of claim or account
- (Pink) - City Attorney's Office
- (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:18

COMPTROLLER

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney:

From: DPW-ADMINISTRATION Department Date NOVEMBER 25 20 24

I recommend that the following claim or account be adjusted or cancelled as indicated.

Account or Claim:

|                                      |                                      |                     |
|--------------------------------------|--------------------------------------|---------------------|
| Number <u>5140018266</u>             | Amount of claim or account as billed | \$ <u>18,750.00</u> |
| Dated <u>JUNE 5, 2020</u>            | Interest Added                       | \$ <u>8,796.59</u>  |
| Name <u>MR ROOTER C/O JOSEPH FIX</u> | Cancellation or adjustment amount    | \$ <u>27,546.59</u> |
|                                      | Adjusted balance                     | \$ <u>0.00</u>      |

Reason for cancellation or adjustment:  
**UNABLE TO PROVE CONTRACTOR LIABILITY**

For Comptroller's Use Only:

115501 - 0490 - 6832 uncollectible

Submitted by DYLAN WESTPHAL

DPW-ADMINISTRATION Department

Adjustment of cancellation approved  
Signed by Tawanna J Swanigan  
By D29104023FB6426... City Attorney's Office (signature)

Date 2/10/2025 20 25

In accordance with section 304-3-1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

By [Signature] Department Head (signature)

Date 2/6/ 20 25

In accordance with section 304-3.2 of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

By order of Richard Bone Special Deputy  
City Comptroller (signature) EW

Date February 21 20 25

- Distribution:
- (White) - Comptrollers Office
  - (Canary) - Originating department of claim or account
  - (Pink) - City Attorney's Office
  - (Goldenrod) - Originator (detach prior to submitting)

2025 FEB 13 AM 11:18

COMPTROLLER