SPEAKER REGISTRATION FORM

Name:	LIZ	FR	BNCZYK		
Address:	709	9	MURGAN	MVE	
City:	MILL	/		ZIP Code: _	5320-1

Organization I am affiliated with: (if any):

LOCAL 212 FAST FUND

Organization/Services I support::

LOLAL 212 FAST FUND

V wish to speak

SPEAKER REGISTRATION FORM

Name: Brianna Hernandez				
Address: 3138 S. 22nd St.				
City: Milwaukee ZIP Code: 53215				
Organization I am affiliated with: (if any):				

S.O.C

Organization/Services I support::

S. O. C

I wish to speak

SPEAKER REGISTRATION FORM

Name:	Davienna	Davis

Address: <u>DS/B</u> W. Occhard st

City: Milwaukee ZIP Code: 53204

Organization I am affiliated with: (if any):

5.0.C

Organization/Services I support::

S.D.C

 $\underline{\times}$ I wish to speak

SPEAKER REGISTRATION FORM

Name: Land Varque L Address: 2997 6. 20th St. City: Milwaukee ZIP Code: 53215

Organization I am affiliated with: (if any):

Wisconsin Hispanic Scholauship Foundation

Organization/Services I support::

Scholarsmips, A. Classes -151-4ED, while events

Sonall Business seminars and more.

 \bigvee I wish to speak

SPEAKER REGISTRATION FORM

Name: Alexis Scroggins Address: 3145 S 21St City: Milwaubee ZIP Code: 53215

Organization I am affiliated with: (if any):

5.0.0

Organization/Services I support::

I wish to speak

SPEAKER REGISTRATION FORM

Name:	Sesus	Hernendez
	······	

Address: _____

City: M.	lurant-ee	ZIP Code:	53215
			· · · · · · · · · · · · · · · · · · ·

Organization I am affiliated with: (if any):

SEE United healthcare

Organization/Services I support::

Soc

_____ I wish to speak

SPEAKER REGISTRATION FORM

Name:	Clarissa	Moral	es -
Address	S:		
City:		ZIP Co	ode:
Organiz	zation I am affiliated wit	h : (if any):	
Organiz	zation/Services I support	::	
>			
τ	with to appeals		
I w	wish to speak		

SPEAKER REGISTRATION FORM

Name: <u>Megan wanke</u>	
Address: 3735 5, 904 St	
City: Milwaukee	ZIP Code: 53228

Organization I am affiliated with: (if any):

Metropolitan Milwauke Fair Housing Council

Organization/Services I support:

Fair Huusing/Fair Lending Services

I wish to speak

SPEAKER REGISTRATION FORM

Name: Jak Weils	
Address: 8075 14 St	
City: M. Waslee	ZIP Code: _53204

Organization I am affiliated with: (if any):

Milwaulee Christian Centor

Organization/Services I support::

CD6A

 $\underline{}$ I wish to speak

SPEAKER REGISTRATION FORM

Name: _	Faryn B	enedict			
Address	: 2973 N	904 5	it.		
City:	Milwauka	, W)	Ž ZIP	Code: <u>5322</u>	2 2
Organiz	ation I am affili Ve VolVato	ated with: (if ereef W	any): 1 Safe >	Sund-	toright hove as Mbe resident

Organization/Services I support::

Safe & Sound

I wish to speak

SPEAKER REGISTRATION FORM

Name: Jo Anna Bautch Address: <u>1545 5 Layton Blvd</u> City: <u>Milwawkee</u> **ZIP Code**: <u>WT</u>

Organization I am affiliated with: (if any):

Organization/Services I support::

OGA HOME/CHIDO, MSP + PE

_____ I wish to speak

SPEAKER REGISTRATION FORM

Name: Monne Walton	
Address: 2518 West archard	Stics uper
City: Milwauke WI	ZIP Code:

Organization I am affiliated with: (if any):

56 C

Organization/Services I support::

youth state resources

 $\frac{\sqrt{e^5}}{1}$ I wish to speak

SPEAKER REGISTRATION FORM

Name: <u>Planne Lawson</u> Address: 1300 5. Layton Blvd City: Milw ZIP Code: 53215

Organization I am affiliated with: (if any):

Anner Beauty Center

Organization/Services I support::

Same

_ I wish to speak

SPEAKER REGISTRATION FORM

Name: Jacob Bogothn Address: 3419 W Forest How Ave Milwarker, WI ZIP Code: 53215 City:

Organization I am affiliated with: (if any):

Latino Chamber of Commerce of Satheastern Visconsin

Organization/Services I support::

Lending / Grands leducation

I wish to speak

SPEAKER REGISTRATION FORM

Name: Wendy Weckler Address: 209 W. Orchard St. City: Milworke, WE ZIP Code: 53204

Organization I am affiliated with: (if any):

Hope House

Organization/Services I support:

Shelter Task Force 2 Home less/Heuse 13

I wish to speak

SPEAKER REGISTRATION FORM

Name: Alexa Nutile Address: 2731 N Pierce St City: MKE ZIP Code: 53212

Organization I am affiliated with: (if any):

Woodland Pattern Book Conter

Organization/Services I support::

I wish to speak

SPEAKER REGISTRATION FORM

Name: Bridger Whitaker

Address:

City: ZIP Code:

Organization I am affiliated with: (if any):

Safe , sound _____

Organization/Services I support:

CDBG Funding

I wish to speak

SPEAKER REGISTRATION FORM

Name: Jared Bell Address: 420 S. 954 St ZIP Code: 53 City: Milwakee Organization I am affiliated with: (if any): - Champs **Organization/Services I support::** ath Services-Building Charater through tial arts

1		
N		
5	I wish to speak	

SPEAKER REGISTRATION FORM

Name: FZZARD CHARLESI, Mitt Address: 3518 J. 510 Blud City: Milworker ZIP Code: 53216

Organization I am affiliated with: (if any): (OHUS) ONE HOPE MADE STUDNES

Organization/Services I support:

VOCINIONAL TRAine IN the fills TRUDO, AREA

I wish to speak