

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Zoning, Neighborhoods and Development Committee

Date: 5/13/08

Regarding: Items 4a and 4b

071292 - Substitute ordinance relating to the change in zoning from Industrial Heavy and Parks to General Planned Development on land located on the East Side of South 6th Street and North and South of West Rosedale Avenue for affordable housing and support services, in the 14th Aldermanic District.

071181 - Resolution authorizing the sale of the City-owned vacant lots at 2801(R) South Fifth Court, 520 West Rosedale Avenue and part of 2744 (Adj.) South Sixth Street to Cardinal Capital Management, Inc., for residential development, in the 14th Aldermanic District.

Name: JACQUELYN JONES

Your Name Phonetically (If you wish to speak): _____

Address: 6129 N. 38th St

City: Milw. **ZIP Code:** 53209

Organization: (if any): OUR SPACE, INC

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: MARY DICKENS

Your Name Phonetically (If you wish to speak): _____

Address: 955 N. 14th St Apt 102

City: Milwaukee WI **ZIP Code:** 53233

Organization: (if any): OUR SPACE, INC

E-Mail Address: _____

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Name: Eric Wagon

Your Name Phonetically (If you wish to speak): _____

Address: 6946 N. Olson Drive Str.

City: Wauwatosa **ZIP Code:** 53209

Organization: (if any): Our Space

E-Mail Address: _____

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Name: Jennifer Meden

Your Name Phonetically (If you wish to speak): _____

Address: 1505 N. Franklin Pl #110

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): Our Space Inc

E-Mail Address: j.meden@yahoo.com

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Name: Mary Ellen Edstala

Your Name Phonetically (If you wish to speak): _____

Address: 1925 West Wisconsin

City: WAL **ZIP Code:** 53207

Organization: (if any): OUR SPACE

E-Mail Address: _____

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Name: Christine Honkavaara

Your Name Phonetically (If you wish to speak): _____

Address: 1720 E Capitol Dr. #309

City: Shorewood **ZIP Code:** 53211

Organization: (if any): Our Space

E-Mail Address: honkavaara@sbcglobal.net
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Name: Taskin Al-Badee

Your Name Phonetically (If you wish to speak): _____

Address: P.O. Box 510594

City: Milwaukee WI **ZIP Code:** 53203

Organization: (if any): OUR SPACE

E-Mail Address: _____

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Name: Dominica Stith

Your Name Phonetically (If you wish to speak): _____

Address: 2873 N. 104th St

City: Milwaukee **ZIP Code:** 53224

Organization: (if any): Our Space Inc

E-Mail Address: dominicastith@yahoo.com

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Name: Carol Keen

Your Name Phonetically (If you wish to speak): _____

Address: 135 S 84th St St 100

City: Milw **ZIP Code:** 53244

Organization: (if any): Cardinal Capital Mgmt

E-Mail Address: _____
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Name: Destine Johnson

Your Name Phonetically (If you wish to speak): _____

Address: 2475 W. Hopkins St.

City: Milw. **ZIP Code:** 53206

Organization: (if any): Wisconsin Community Service

E-Mail Address: DJohnson@wises.org
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Name: Thomas Carroll

Your Name Phonetically (If you wish to speak): _____

Address: 2207 S. Mound St

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): Wisconsin Community Services

E-Mail Address: _____

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Name: JAMES PELZEK

Your Name Phonetically (If you wish to speak): _____

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): WISCONSIN COMMUNITYSUS

E-Mail Address: jimp@wiscs.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: KRIS SCHRAMKOWSKI

Your Name Phonetically (If you wish to speak): _____

Address: 9449 S RESEDALE COURT

City: OAK CREEK WI **ZIP Code:** 53154

Organization: (if any): WISCONSIN COMMUNITY SERVICES

E-Mail Address: KRIS@WISCONSIN.COM

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Name: Roy F. C. Merath, MSW

Your Name Phonetically (If you wish to speak): _____

Address: 3734 W. Wisconsin Ave.

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Wisconsin Community Services

E-Mail Address: roydwiscs.org

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Name: Jim Mathy

Your Name Phonetically (If you wish to speak): _____

Address: 1544 N. 50th St.

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): _____

E-Mail Address: _____

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Name: Gabriel OTT

Your Name Phonetically (If you wish to speak): _____

Address: 2904 W Wisconsin

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Latino West

E-Mail Address: _____

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Name: Marquitta Wells

Your Name Phonetically (If you wish to speak): _____

Address: 3010 W. Wells #28

City: Milwaukee, WI **ZIP Code:** 53208

Organization: (if any): Autumn West

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Wayne Wilson

Your Name Phonetically (If you wish to speak): Wayne Wilson

Address: 5137 W Lovers Lane Rd

City: Milwaukee W. **ZIP Code:** 53225

Organization: (if any): R Space

E-Mail Address: _____

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Name: Danielle Zirkel

Your Name Phonetically (If you wish to speak): _____

Address: 4901 W Ford Du Lae Ave

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): Community Advocates

E-Mail Address: _____

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Name: Cole Crawford

Your Name Phonetically (If you wish to speak): Not speaking

Address: 1704 E. Irving Place

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): Milwaukee School of Engineering

E-Mail Address: Crawford@msoe.edu

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Mary Ellen Kopus

Your Name Phonetically (If you wish to speak): _____

Address: 2311 W. WEST CON ST. AVE

City: Milwaukee **ZIP Code:** _____

Organization: (if any): Concerned School Walk Student

E-Mail Address: Mary_Kopus@Sbcglobal.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Sister Anne Margaret Connolly

Your Name Phonetically (If you wish to speak): _____

Address: 5611 N. Lincoln Ave #5

City: West Allis **ZIP Code:** 53219

Organization: (if any): S.E.T. Ministry

E-Mail Address: sranne@setinc.org

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Name: Kaye Kern

Your Name Phonetically (If you wish to speak): _____

Address: 7434 Hillcrest Dr

City: Wauwatosa **ZIP Code:** 53213

Organization: (if any): Preserve Our Parks Inc

E-Mail Address: _____

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Name: Laio DARNELL

Your Name Phonetically (If you wish to speak): _____

Address: 1514 N 18th

City: Milwaukee, WI **ZIP Code:** 53205

Organization: (if any): Wisconsin Community Service

E-Mail Address: _____

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Name: TAMARA BRUNNER

Your Name Phonetically (If you wish to speak): _____

Address: DTZSP - 734 N. 4th St, Suite 300, Milwaukee, WI 53203

City: Milwaukee **ZIP Code:** 53203

Organization: (if any): Downtown Community Support Program

E-Mail Address: CassidyLynn13@yahoo.com

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Name: SUE ECKHART

Your Name Phonetically (If you wish to speak): _____

Address: 951 N. JAMES LOVELL ST Rm 204K

City: Milwaukee **ZIP Code:** 53233

Organization: (if any): Justice 2000

E-Mail Address: seckhart@Justice2000.org

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Name: Janine Militzer

Your Name Phonetically (If you wish to speak): _____

Address: 1203 S. 49th Street

City: West Milwaukee **ZIP Code:** 53214

Organization: (if any): Our Space

E-Mail Address: wiz of 02@wi.crr.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I don't support this measure

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Zoning, Neighborhoods and Development Committee

Date: 5/13/08

Regarding: Items 4a and 4b

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Name: Suzanne Berendt

Your Name Phonetically (If you wish to speak): _____

Address: 5409 Montgomery Dr.

City: Greendale **ZIP Code:** 53129

Organization: (if any): Our Space

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Janet Bielke

Your Name Phonetically (If you wish to speak): _____

Address: 210 W Capital Drive

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Health care for the homeless

E-Mail Address: janet@hchm.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: Andrea Johnson

Your Name Phonetically (If you wish to speak): _____

Address: 529 W. 60th St

City: Mil. **ZIP Code:** 53213

Organization: (if any): WCS - Mental Health Clinic

E-Mail Address: ajohnson@wises.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: Beth Lappen

Your Name Phonetically (If you wish to speak): _____

Address: 2020 N 52 St

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): _____

E-Mail Address: bethlappen@wi.rr.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Jennifer Alfredson

Your Name Phonetically (If you wish to speak): _____

Address: 711 W. Capitol Dr.

City: Milw. **ZIP Code:** 53206

Organization: (if any): Health Care for the Homeless

E-Mail Address: JenA @ hchm. com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: Margaret O'Brien

Your Name Phonetically (If you wish to speak): _____

Address: 2530A N. 60th

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): OUR SPACE

E-Mail Address: Margaretadonin@sbcglobal.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I don't support this measure

I wish to speak

I do not wish to speak

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Name: Luke Radomski

Your Name Phonetically (If you wish to speak): _____

Address: 2910 S. Westworth Ave

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): Milwaukee County Housing Division

E-Mail Address: lradomski@milwaukeecounty.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Deanna Gritsonis

Your Name Phonetically (If you wish to speak): _____

Address: 4018 S Burrell St.

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I don't support this measure

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Name: Bonnie Conners

Your Name Phonetically (If you wish to speak): _____

Address: 1700 E River Park Court Apt 711

City: Shorewood WI **ZIP Code:** 53211

Organization: (if any): Our Space

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

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Name: Philip Connelly

Your Name Phonetically (If you wish to speak): _____

Address: 711 W. Capital Dr.

City: Milwaukee **ZIP Code:** 53206

Organization: (if any): Health Care for the Homeless

E-Mail Address: plconnelly@hotmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: CHRIS GEIGER

Your Name Phonetically (If you wish to speak): _____

Address: 5464 OLYMPIA DR

City: GREENDALE **ZIP Code:** 53129

Organization: (if any): CARDINAL CAPITAL MGMT

E-Mail Address: cgeiger6@wi.tt.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: VIRGINIA A. MCINTYRE

Your Name Phonetically (If you wish to speak): NO

Address: 2424 N. 22ND ST

City: MILWAUKEE **ZIP Code:** 53206

Organization: (if any): OUR SPACE

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Jessica Shriver

Your Name Phonetically (If you wish to speak): _____

Address: 3531 n 49th

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): _____

E-Mail Address: jessicas@communityadvocates.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: SADIA ABDULLAH

Your Name Phonetically (If you wish to speak): _____

Address: 7007 NO. WARD ST.

City: MIL. WI **ZIP Code:** 53209

Organization: (if any): OUR SPACE

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

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Name: Susan Tarver - Harris

Your Name Phonetically (If you wish to speak): _____

Address: 3847 N 20TH

City: Milw **ZIP Code:** 53216

Organization: (if any): Milw Co BHD - SAIL

E-Mail Address: tarverharris@wsh.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Judy Leiterman

Your Name Phonetically (If you wish to speak): _____

Address: 3127 N. Marietta Ave #6

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): Cardinal Capital Mgmt

E-Mail Address: judyleiterman@cardinalcapital.us
(Unless specifically requested not to, we will be contacting you via e-mail)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: Neil Rothslein

Your Name Phonetically (If you wish to speak): _____

Address: 125 S 8th St

City: Milwaukee WI **ZIP Code:** WI 53214

Organization: (if any): Special Council to Archdiocese of Milwaukee
Supporting Fund Inc

E-Mail Address: bbgwrt@gmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

(AMS Fund)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: PAULA JOHN

Your Name Phonetically (If you wish to speak): _____

Address: 2123 E. BEVERLY ST

City: SHOREWOOD **ZIP Code:** 53211

Organization: (if any): Archdiocese of Milwaukee Supporting

E-Mail Address: paulaj217@aol.com Fund
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure
 I don't support this measure

I wish to speak
 I do not wish to speak

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Name: Charlotte Kinney

Your Name Phonetically (If you wish to speak): _____

Address: 2546 S. Wentworth Ave

City: Bayview **ZIP Code:** 53207

Organization: (if any): Cardinal Capital Management

E-Mail Address: CKinney@cardinalcapital.us
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: FRANK GIUFFRÈ

Your Name Phonetically (If you wish to speak): _____

Address: 929 W ASTOR

City: MILW **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I don't support this measure

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Name: Kevin L. Brown

Your Name Phonetically (If you wish to speak): _____

Address: 1271 N 4th St

City: MILW **ZIP Code:** 53208

Organization: (if any): Redcross

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: ROXANNE ELLIUS

Your Name Phonetically (If you wish to speak): _____

Address: 2713 W RICHARDSON

City: MILW **ZIP Code:** 53208

Organization: (if any): RED CROSS

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: RYAN WROTON

Your Name Phonetically (If you wish to speak): _____

Address: 1670 S. 11th

City: MILWAUKEE **ZIP Code:** 53204

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

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Name: Bagwayikwe Madosh

Your Name Phonetically (If you wish to speak): _____

Address: 3207 S. 35th

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): American Red Cross

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: PATTI JERNBERG

Your Name Phonetically (If you wish to speak): _____

Address: 5204 W Wells

City: MILWAUKEE **ZIP Code:** 53208

Organization: (if any): COMMUNITY ADVOCATES

E-Mail Address: PATTI_G@COMMUNITYADVOCATES.NET
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: JOHN DOBROSKI

Your Name Phonetically (If you wish to speak): _____

Address: 3330 N 51st Blvd.

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): Our Space, Inc.

E-Mail Address: dobroski@ldm-law.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: Lesley Schwartz-Nason

Your Name Phonetically (If you wish to speak): _____

Address: 5955 N Santa Monica Blvd

City: Milwaukee **ZIP Code:** 53217

Organization: (if any): BHD - SAIL

E-Mail Address: lesley-schwartznason@milw
(Unless specifically requested not to, we will be contacting you via e-mail.) City-

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak Com

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

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Name: James Batovsky

Your Name Phonetically (If you wish to speak): _____

Address: 1107 W. York St.

City: Oak Creek **ZIP Code:** 53154

Organization: (if any): Office of Consumer Affairs

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

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Name: SUSAN FRAUTSCHI

Your Name Phonetically (If you wish to speak): _____

Address: 311 E ERIE ST #421

City: MILWAUKEE **ZIP Code:** 53202

Organization: (if any): OUR SPACE

E-Mail Address: sfrautschi@wi.ra.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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I don't support this measure

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Name: LISA BRODOWSKI

Your Name Phonetically (If you wish to speak): _____

Address: 3734 W WISCONSIN

City: MILW **ZIP Code:** 53208

Organization: (if any): WCS

E-Mail Address: lbrodowski@wiscs.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Jonathan Gruhl

Your Name Phonetically (If you wish to speak): _____

Address: 5230 N. 26th St.

City: Glendale **ZIP Code:** 53209

Organization: (if any): _____

E-Mail Address: JAGruhl@hotmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Alan Leon

Your Name Phonetically (If you wish to speak): _____

Address: 2651 South 11th St.

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): _____

E-Mail Address: Alleon909@gmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: ERIC J ERWBERG

Your Name Phonetically (If you wish to speak): _____

Address: 5204 W Wells

City: MILW **ZIP Code:** 53208

Organization: (if any): Community Advocates

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Flora Boyd

Your Name Phonetically (If you wish to speak): _____

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): _____

E-Mail Address: FloraB@communityadvocates.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Ann McAfee

Your Name Phonetically (If you wish to speak): _____

Address: _____

City: Milwaukee **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Vergara R, Gpa

Your Name Phonetically (If you wish to speak): _____

Address: 3926 14 N St

City: MILWAUKEE **ZIP Code:** 53026

Organization: (if any): OUR SPEAKER

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: FARLEY INGRAM

Your Name Phonetically (If you wish to speak): _____

Address: 4476 N 54 N ST

City: MILWAUKEE **ZIP Code:** 53218

Organization: (if any): OUR SPACE

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Jessie K. Russell

Your Name Phonetically (If you wish to speak): _____

Address: 2446 N. 37th Street

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): United Christian CBC

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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I don't support this measure

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Name: McKINLEY CLARK

Your Name Phonetically (If you wish to speak): _____

Address: 2535 W. Hadley

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): United Christian CRC

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure I wish to speak
 I don't support this measure I do not wish to speak

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Name: Donald Crawford

Your Name Phonetically (If you wish to speak): _____

Address: 2537 N Pe ST

City: MILWAUKEE **ZIP Code:** 53212

Organization: (if any): United Christian CBC

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Steve Bogdansk

Your Name Phonetically (If you wish to speak): _____

Address: 2092 S. 102nd St. Apt. #3317

City: West Allis, WI **ZIP Code:** 53227

Organization: (if any): Our Space, Inc.

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Jenna Ottow

Your Name Phonetically (If you wish to speak): _____

Address: 711 W. Capitol Drive

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): Healthcare for the homeless

E-Mail Address: jennaottow@hchm.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Richard Chudnow

Your Name Phonetically (If you wish to speak): _____

Address: 5015 N. Cumberland BL

City: Whitfish Bay WI **ZIP Code:** 53217

Organization: (if any): ComedySportz / OUR SPACE

E-Mail Address: dchud@aol.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: GREGORY JOHN

Your Name Phonetically (If you wish to speak): _____

Address: 1947 N. PROSPECT #207

City: MILWAUKEE, WI **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: GRELLIS@MSW.COM

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Maren Vilo

Your Name Phonetically (If you wish to speak): _____

Address: 2830 A N. 64 CT

City: Milwaukee **ZIP Code:** 53223

Organization: (if any): Our Space

E-Mail Address: maren@yahoo.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Janine Lange

Your Name Phonetically (If you wish to speak): _____

Address: 135 S 84th

City: Milwaukee **ZIP Code:** 53214

Organization: (if any): Cardinal Capital

E-Mail Address: jlange@cardinalcapital.us
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

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Name: Mark Pillat

Your Name Phonetically (If you wish to speak): _____

Address: 735 E Briarwood

City: Milwaukee **ZIP Code:** 53217

Organization: (if any): _____

E-Mail Address: MARK.PILLAT@PERS.COM
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Elizabeth Cramer

Your Name Phonetically (If you wish to speak): _____

Address: 711 W. Capital Dr.

City: Milwaukee **ZIP Code:** 53206

Organization: (if any): Asaoka Care for the Homeless

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Alyssa Starck

Your Name Phonetically (If you wish to speak): _____

Address: 711 W. Capital Drive

City: Milw. **ZIP Code:** 53207

Organization: (if any): Health Care for the Homeless

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Dan Coulson

Your Name Phonetically (If you wish to speak): _____

Address: 711 W. Capital Dr.

City: Milwaukee **ZIP Code:** 53704

Organization: (if any): Health Care for the Homeless

E-Mail Address: dcoulson@gmail.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Chad Turner

Your Name Phonetically (If you wish to speak): _____

Address: 931 E. Russell Ave. #301

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): Health Care For the Homeless

E-Mail Address: chd_turner@yahoo.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

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Name: Jim Hilbrand

Your Name Phonetically (If you wish to speak): _____

Address: 211 West Capitol Drive

City: Milwaukee, WI **ZIP Code:** 53206

Organization: (if any): Health Care for the Homeless

E-Mail Address: jim.hilbrand@gmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: MARK LINSE

Your Name Phonetically (If you wish to speak): _____

Address: 6842 ST. JAMES ST.

City: WALWATOSA **ZIP Code:** 53213

Organization: (if any): AG ARCHITECTURE

E-Mail Address: MDLINS@AGARCH.COM

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak **WILLING TO IF NEEDED**

I don't support this measure

I do not wish to speak