

No. \_\_\_\_\_

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

**REGISTRATION FORM**

The Zoning, Neighborhoods & Development Committee

December 9, 2014

Room 301-B, 3rd Floor, City Hall

RE FILE: 141263 – Substitute resolution approving a Project Plan, a Development Agreement, authorizing expenditures and creating Tax Incremental District No. 82 (East Michigan Street), in the 4th Aldermanic District.

RE FILE: 141264 - Substitute resolution approving Amendment No. 3 to the Project Plan for Tax Incremental District No. 56 (Erie/Jefferson Street) and authorizing expenditures, in the 4th Aldermanic District.

Name: Michael Cudahy

*Please PRINT your name if you wish to speak*

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Represented (if any): self

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 7

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

**REGISTRATION FORM**

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Name: JULI KAUFMANN

*Please PRINT your name if you wish to speak*

Address: 255 W. Bruce St.

City: Milwaukee Zip Code: 53204

Organization Represented (if any): Self

Email: juli.kaufmann@gmail.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 2

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

**REGISTRATION FORM**

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Name: BILL SELL

*Please PRINT your name if you wish to speak*

Address: 2827 S. LENOX

City: MKE Zip Code: 53207

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

Email: SUNRISE@BIKETHEHOAN.COM

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 3

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

**REGISTRATION FORM**

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Name: Jerome Knapp

*Please PRINT your name if you wish to speak*

Address: 2212 N. MLK

City: Milwaukee Zip Code: 53212

Organization Represented (if any): Historic King Dr. BID

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Beth Weirick

*Please PRINT your name if you wish to speak*

Address: 930 E. Lyon St

City: Mil. Zip Code: 53202

Organization Represented (if any): Milwaukee Downtown BID #21

Email: BWeirick@milwaukee downtown

I wish to speak. if before 11:30

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Nick Johnson

*Please PRINT your name if you wish to speak*

Address: 611 N. Broadway

City: Milwaukee Zip Code: 53202

Organization Represented (if any): Hilton Garden Inn Milwaukee Downtown

Email: njohnson@fhginc.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Jorge Franco

*Please PRINT your name if you wish to speak*

Address: 1021 W. National Avenue / 929 N. Astor Street

City: Milwaukee Zip Code: 53202 / 53204

Organization Represented (if any): Hispanic Chamber of Commerce of Wisconsin

Email: Jorge@HCCW.org / Natalia@HCCW.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Dan Bukiewicz

*Please PRINT your name if you wish to speak*

Address: 5941 W. BLUE MOUND AVE

City: MILWAUKEE Zip Code: 53213

Organization Represented (if any): MILWAUKEE BUILDING & CONSTRUCTION TRADES COUNCIL

Email: damb@milwbuildingtrades.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Rick Barrett

*Please PRINT your name if you wish to speak*

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Represented (if any): Barrett Victory Dist

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Name: Dr. Eve Hall

*Please PRINT your name if you wish to speak*

Address: 633 W. Wisconsin Ave. Suite 603

City: Milwaukee Zip Code: 53203

Organization Represented (if any): African American Chamber  
of Wisconsin

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Gary Grunau

*Please PRINT your name if you wish to speak*

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Name: \_\_\_\_\_

*Stacie Callies*

*Please PRINT your name if you wish to speak*

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

*Westtown Association*

City: \_\_\_\_\_

*633 W. Wisconsin Suite 409*

Zip Code: \_\_\_\_\_

*53202*

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

*Westtown*

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Name: Earl Buford

*Please PRINT your name if you wish to speak*

Address: 2338 N. 27th St

City: Milwaukee Zip Code: 53210

Organization Represented (if any): MAWIB

Email: earl.buford@milwaukeevib.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Teresa Thomas-Boyd

*Please PRINT your name if you wish to speak*

Address: 3329 N. 54 St.

City: Milwaukee Zip Code: 53216

Organization Represented (if any): One Hope Made Strong

Email: fourjhb@yahoo.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Beth Weirick

*Please PRINT your name if you wish to speak*

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Represented (if any): BID 21

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: NANCY O'KEEFE

*Please PRINT your name if you wish to speak*

Address: 219 N. MILWAUKEE

City: MILWAUKEE Zip Code: 53202

Organization Represented (if any): HISTORIC THIRD WARD

Email: NOKEEFE@HISTORICTHIRDWARD.ORG ASSOCIATION

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: \_\_\_\_\_

*Jackie Ivy*

*Please PRINT your name if you wish to speak*

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

*401 EAST BURLINGHAM ST*

City: \_\_\_\_\_

*Milwaukee WI*

Zip Code: \_\_\_\_\_

*53212*

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

*Milwaukee County Bus Riders*

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

*JckIvy@yahoo.com*

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 20

**OFFICE OF THE CITY CLERK  
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**REGISTRATION FORM**

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Name: KEN KRAEMER

*Please PRINT your name if you wish to speak*

Address: 3303 South 103<sup>rd</sup> Street

City: Milwaukee Zip Code: 53227

Organization Represented (if any): Building Advantage

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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

item 21

Mich. Ave TID

**REGISTRATION FORM**

The Zoning, Neighborhoods & Development Committee

December 9, 2014

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RE FILE: 141263 – Substitute resolution approving a Project Plan, a Development Agreement, authorizing expenditures and creating Tax Incremental District No. 82 (East Michigan Street), in the 4th Aldermanic District.

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Name: Anthony Neira, business manager

*Please PRINT your name if you wish to speak*

Address: Laborers' Local 113 6310 W. Appleton Ave

City: Milwaukee Zip Code: WI 53210

(10th District)

Organization Represented (if any): Laborers' Union

Email: aneira@liuna113.org

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 21

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

**REGISTRATION FORM**

The Zoning, Neighborhoods & Development Committee

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Name: Mike Gurich

*Please PRINT your name if you wish to speak*

Address: 6200 W. Bluemound RD.

City: Milwaukee Zip Code: 53213

Organization Represented (if any): Teamsters

Email: mgurich@teamsterslocal200.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 21

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**REGISTRATION FORM**

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Name: TOM BENVENUTO

*Please PRINT your name if you wish to speak*

Address: 6200 W. Bluemound Rd

City: MILWAUKEE Zip Code: 53213

Organization Represented (if any): Teamsters Local 200

Email: tbenvenuto@teamsterslocal200.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Dave Reid

*Please PRINT your name if you wish to speak*

Address: 1009 N Jackson St #1204

City: Milwaukee, WI Zip Code: 53202

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

Email: dave@urbanmilwaukee.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. 20

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Name: KURT JANTE

*Please PRINT your name if you wish to speak*

Address: 2600 S. 34TH ST

City: Milw WI Zip Code: 53215

Organization Represented (if any): IBEW LOCAL 494  
ELECTRICAL WORKER

Email: KURT@IBEW494.COM

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: Dale Powaleit

*Please PRINT your name if you wish to speak*

Address: 3300 S 103<sup>rd</sup> St

City: Milwaukee WI Zip Code: 53227

Organization Represented (if any): Steen Fisher Local 607

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

No. \_\_\_\_\_

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Name: MICHAEL HOUSE

*Please PRINT your name if you wish to speak*

Address: 11175 W. PARICLAND AVE.

City: MILWAUKEE Zip Code: 53224

Organization Represented (if any): PLUMBERS LOCAL 75

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

I wish to speak.

I do not wish to speak.

In Favor

Oppose

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Name: Russell Rossetto

*Please PRINT your name if you wish to speak*

Address: 1737 S 1st St

City: Milwaukee Zip Code: 53204

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

Email: russelletto@gmail.com

I wish to speak.

I do not wish to speak.

In Favor

Oppose