

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Tanya E. Harris

Your Name Phonetically (If you wish to speak): Tanya Harris

Address: 2555 N MLK Dr.

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Milwaukee Health Service Inc.

E-Mail Address: tedwards@mhsi.org

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Dawn Brooks

Your Name Phonetically (If you wish to speak): Dawn Brooks

Address: 2533 N CRAMON

City: MILWAUKEE **ZIP Code:** 53211

Organization: (if any): LPCC, inc

E-Mail Address: 2sideangel@yahoo.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Ruth VARNADO

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

Address: 1301 W HAMPTON AVE

City: Milw **ZIP Code:** 53209

Organization: (if any): LACC, Inc

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: TRUMAN SHUMPERT

Your Name Phonetically (If you wish to speak): TRUE-MAN SHUM PERT

Address: 4126 W GOOD HOPE RD

City: MILWAUKEE **ZIP Code:** 53209

Organization: (if any): LINCOLN PARK COMM. CTR., INC.

E-Mail Address: TRUMANSTEP2@YAHOO.COM

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Barbara Notestein

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

Address: Safe & Sound, 801 W. Michigan

City: Milwaukee **ZIP Code:** 53233

Organization: (if any): Safe & Sound

E-Mail Address: bnotestein@milwaukeehidta.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Supreme S. Allah

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

Address: 2438 N. Bremen

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): Street Academy of Green City Members

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Lamonte Harris

Your Name Phonetically (If you wish to speak): LAMONTE Harris

Address: 4615 n. Sherman Blvd

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

Organization: (if any): Independent organizer

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: DA'Laino Kemp SR

Your Name Phonetically (If you wish to speak): Dä Lāinō Kemp SR

Address: 2734 n. 12th ST.

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

Organization: (if any): _____

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Adlai Bell

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

Address: 3777 N 10th St

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Lincoln Park Community Dev. Inc

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: El-Lowise Games

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

Address: 3331 N. 1st St.

City: Milwaukee WI **ZIP Code:** 53212

Organization: (if any): _____

E-Mail Address: SEALGAMES44@yahoo.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Stacy Robinson

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

Address: 1301 W. Hampton Ave.

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): L.P.C. Inc

E-Mail Address: NONE

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

I wish to speak

I do not wish to speak

No Speaking

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: LEIGH KUNDE

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

Address: 2819 W. Highland Blvd.

City: M.W. **ZIP Code:** 53208

Organization: (if any): Nonprofit Ctr of Milwaukee

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

Not Speaking

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Ollie Taylor / Louise Jackson

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

Address: 1314 - W. Kee Fe

City: Milwaukee **ZIP Code:** 53206

Organization: (if any): _____

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Helen Kennedy

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

Address: 2960 N. 25th

City: MILWAUKEE Wis **ZIP Code:** 53206

Organization: (if any): _____

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Joseph Harris

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

Address: 1301 W. Hampton Ave.

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): L.P.C.C., Inc.

E-Mail Address: None

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Myles W. MARSHALL

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

Address: 1301 W. HAMPTON AVE.

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): L.P.C.C., Inc.

E-Mail Address: NONE
(Unless specifically requested not to, we will be contacting you via e-mail.)

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Gerald S Glazer

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

Address: 2944 N 50th St

City: MILWAUKEE **ZIP Code:** 53210

Organization: (if any): MOSAIC on Buileigh

E-Mail Address: _____

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

I wish to speak

I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Community and Economic Development Committee

Date: 7/24/07

Regarding: File 070532 - Resolution relative to the establishment of the Year 2008 Funding Allocation Plan.

Name: Jeane Meyers

Your Name Phonetically (If you wish to speak): JEANE MEYERZ

Address: 3230 N. Norwood PL

City: Milw **ZIP Code:** 53216

Organization: (if any): The Mosaic on Burlingame

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

I wish to speak

I do not wish to speak