

OFFICE OF THE CITY CLERK  
CITY OF MILWAUKEE

REGISTRATION FORM

The Special Public Safety meeting on October 22, 2016.  
South Division High School  
1515 W. Lapham Blvd.

RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: LORI VANCE

Address: 2376 N. 59

City: MILW ZIP CODE: 53210

Organization Represented (if any): Express Yourself Milwaukee

Email address: Lori@expressyourselfmilwaukee.org

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Demetrius Guliford

Address: 7859 W Beckett Ave

City: MILW ZIP CODE: 532

Organization Represented (if any): Express Yourself Milwaukee

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

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Anthony Davis

Address: 4171 N. 13

City: Milw ZIP CODE: \_\_\_\_\_

Organization Represented (if any): Express Yourself Milwaukee

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

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Ali Carlucci

Address: 3137 S Delaware Ave

City: MKE ZIP CODE: 53207

Organization Represented (if any): Artists Working in Education

Email address: ali@awe-inc.org

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Alan Schultz

Address: 2231 S. 71st St

City: Milwaukee ZIP CODE: 53219

Organization Represented (if any): Community Uprise

Email address: schul446@uwm.edu

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: SCOTT SLASKI

Address: 2200 S. 15 PL

City: MILWAUKEE ZIP CODE: 53215

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

Email address: scott.slaski@yahoo.com

I wish to speak.

I do not wish to speak.

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RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: Robert H Weiland Jr

Address: 3033 W. Mt. Vernon Ave

City: Milwaukee ZIP CODE: 53208

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

Email address: None

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Shirley T. Weiland

Address: 3008 W. Mt Vernon Ave

City: Milwaukee ZIP CODE: 53208

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

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

I wish to speak.

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Name: Bob Weiland Sr.

Address: 3008 W. Mt. Vernon Ave

City: Milw. ZIP CODE: 53208

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

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

I wish to speak.

I do not wish to speak.

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RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: Demitra Caputo

Address: 1007 W. Historic Mitchell

City: Mil. ZIP CODE: 53204

Organization Represented (if any): BID #4 ~~Map~~ Crime Safety Committee

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

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Paul Florsheim

Address: 4105 N Farwell

City: Shorewood ZIP CODE: 53211

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

Email address: paulf@uwm.edu

I wish to speak.

I do not wish to speak.

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RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: Lana Taylor

Address: 3602 Webster Street

City: Milw ZIP CODE: 53206

Organization Represented (if any): senate

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

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Patrick Schrank

Address: 2542 N. Humboldt Blvd

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): Beyond the Bell

Email address: pschrank@mccwi.org

I wish to speak.

I do not wish to speak.

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RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: Tanya Calderon

Address: 1305 SO 25th St.

City: Milwaukee ZIP CODE: 53204

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

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

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Desiree Brown

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

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

Email address: DBROWN53209@gmail.com

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: DARRELL MORSE, LULAC

Address: 5012 W. ASHLAND WAY,

City: FRANKLIN, WI ZIP CODE: 53132

Organization Represented (if any): LULAC

Email address: dmar:n@lulac.org

I wish to speak.

I do not wish to speak.



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Please PRINT

Name: Lanaie Sappold

Address: 6352 N. 94th St.

City: Mil ZIP CODE: \_\_\_\_\_

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

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

I wish to speak.

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Please **PRINT**

Name: August Ball

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

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Organization Represented (if any): Milwaukee Conservation Leadership Corps

Email address: creamcityconservation@gmail.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Esperanza Gutierrez

Address: 2662 S. 16th St

City: \_\_\_\_\_ ZIP CODE: 53215

Organization Represented (if any): Self / KKRMA

Email address: esperanzagutierrez

I wish to speak.

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PROFESSIONAL/PERSONAL

Please PRINT

Name: Tammy L. Rivera

Address: 1300 S. LAYTON BLVD. / 929 S. LAYTON BLVD.

City: MILWAUKEE ZIP CODE: 53215

Organization Represented (if any): SUC & PERSONAL

Email address: TammyRivera@SUCmilwaukee.org  
TammyRivera1@yahoo.com

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I do not wish to speak.

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Name: Estella Hernandez

Address: 1580 S. Pearl St.

City: MILW ZIP CODE: 53204

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

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

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22

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

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Please PRINT

Name: Tina Kurth

Address: 2481 W Walnut St

City: Milwaukee ZIP CODE: 53205

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

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

I wish to speak.

I do not wish to speak.