

1

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

REGISTRATION FORM

**ARPA FUNDING ALLOCATION TASK FORCE
PUBLIC INPUT MEETING**

Saturday, February 4, 2023

10 a.m.

Riverworks, 526 E. Concordia Ave.

**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

GERALD ROESCH

Address:

6937 NORTH 98TH STREET

City:

MILWAUKEE

ZIP CODE:

53229

E-Mail:

jroesch@wider.com

Organization Represented (if any):

MICAH (COLE)

☐ I wish to speak.

☒ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

Deanna Branch

Address:

2725 W Kilbourn Ave Apt 102

City:

Milwaukee WI

ZIP CODE:

53208

E-Mail:

DeannaBranch26@gmail.com

Organization Represented (if any):

Cde

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

Dianne Dagele

Address: 8444 Hi-11 St.

City: Wauwatosa ZIP CODE: 53226

E-Mail:

ddagele@sbglobal-net

Organization Represented (if any):

Coalition on Lead Emergency

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: Ramona Jensen

Address: 2417 W. Greenfield Ave.

City: Milw ZIP CODE: 53204

E-Mail: ramijrj2@gmail.com

Organization Represented (if any):
COLE

☒ I wish to speak. ?

☐ I do not wish to speak.

5

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

Travis Swanigan

Address:

4561 N. 48 STREET

City:

MILWAUKEE

ZIP CODE:

431

E-Mail:

travis.swanigan669@gmail.com

Organization Represented (if any):

Colt

☒ I wish to speak.

☐ I do not wish to speak.

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Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

CONOR WILLIAMS

Address:

1935 UNDERWOOD AVE

City:

WAUWATOSA

ZIP CODE:

53213

E-Mail:

CONORW1@ME.COM

Organization Represented (if any):

COLE

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

Rev. Dennis Jacobsen

Address:

2225 W. Skyline Rd.

City:

Glendale

ZIP CODE:

53209

E-Mail:

lyn@jake.esbglobal.net

Organization Represented (if any):

Coalition on Lead Emergency

☒ I wish to speak.

☐ I do not wish to speak.

8

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: RICHARD DIAZ

Address: 3959 N. 26th

City: MILWAUKEE ZIP CODE: 53206

E-Mail: COLECHATTERPERSON@GMAIL.COM

Organization Represented (if any):
COLE

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: Tifhanie ROBINSON

Address: 3345 N. 3rd Street

City: Milwaukee ZIP CODE: 53206

E-Mail: tifhanie5@gmail.com

Organization Represented (if any):

☐ I wish to speak.

☒ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: Chris Schle

Address: 2920 N. Uel R Phillips Av

City: Milw. ZIP CODE: 53212

E-Mail: cschle@milwaukee.gov

Organization Represented (if any):
MPD

☐ I wish to speak.

☐ I do not wish to speak.

11

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PLEASE PRINT

Name:

KAREN LEMKE

Address:

2940 S Logan Ave

City: Milwaukee, WI

ZIP CODE: 53207

E-Mail:

Karen.adelle.lemke@gmail.com

Organization Represented (if any):

Church of the Divine Mother, Just Transition Climate Solutions

☒ I wish to speak.

☐ I do not wish to speak.

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Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

Jill Maher

Address:

2820 S Wentworth Ave

City:

Milwaukee

ZIP CODE:

53207

E-Mail:

prefer not to give

Organization Represented (if any):

volunteer with COLE

☒ I wish to speak.

☐ I do not wish to speak.

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Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: Robert Rohloff

Address: 4547 Stony Creek Rd

City: West Bend

ZIP CODE: 57095

E-Mail: rrohloff@childrenswi.org

Organization Represented (if any):
Children's Wi

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: Bruce Wiggins

Address: 728 Pleasant St.

City: MKE ZIP CODE: 53202

E-Mail: BruceWatHome@gmail.com

Organization Represented (if any):

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name: MARVIN WALKER

Address: 201 W. CONVENT ST # 316

City: Greenville

ZIP CODE: 53217

E-Mail:

MARVINWALKER7@AOL.COM

Organization Represented (if any):

☐ I wish to speak.

☒ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name: Damian-Lamar: Smith, Beneficiary

Address: C/O 3209 N 44th St

City: Milwaukee ZIP CODE: 53211

E-Mail: chipsallin2020@gmail.com

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Organization Represented (if any):

DAMIAN LAMAR SMITH CO. ©

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name: Joseph W. Ellwanger

Address: 1637 N. 16th St.

City: Milw

ZIP CODE: 53205

E-Mail: joe.ellwanger@gmail.com

Organization Represented (if any):
MICAH + COLE

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Sally Callan

Address: 5417 N. Green Bay Ave

City: Milwaukee ZIP CODE: 53209

E-Mail:

callanscheible@hotmail.com

Organization Represented (if any):

COLE

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name: Ann Batiza

Address: 200 S. Water St. #205

City: Milwaukee ZIP CODE: 53204

E-Mail: annwiscl@gmail.com

Organization Represented (if any):
COLE

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name: Maria C. Beltran

Address: 2219 North 17th St.

City: Milwaukee ZIP CODE: 53205

E-Mail: mjbelttranD9@yahoo.com

Organization Represented (if any):
C.O.L.E.

☒ I wish to speak.

☐ I do not wish to speak.

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**RE: Receipt of public testimony on the best uses of American Rescue
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PLEASE PRINT

Name:

Geneva Jones

Address:

2346 N. 17th St.

City:

Milwaukee

ZIP CODE:

53206

E-Mail:

geneva.jones031@gmail.com

Organization Represented (if any):

Cole Parent

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Sharon Adams

Address:

2247 W 17 Street

City:

Milwaukee

ZIP CODE:

53205

E-Mail:

sharonfosteradams@gmail.com

Organization Represented (if any):

Community Water Services

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Jermaine Alexander

Address:

2541 N. 49th St

City:

Milw.

ZIP CODE:

53210

E-Mail:

jermaine@shermanpark.org

Organization Represented (if any):

SPCA

☒ I wish to speak.

☐ I do not wish to speak.

✓

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**RE: Receipt of public testimony on the best uses of American Rescue
Plan Act funds by the City of Milwaukee**

PLEASE PRINT

Name:

Carol Caffrey

Address: 546 N. 31st St.

City: _____

ZIP CODE: 53208

E-Mail:

carolcaffrey1111@yahoo.com

Organization Represented (if any):

☒ I wish to speak.

☐ I do not wish to speak.

✓

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PLEASE PRINT

Name: Devin Anderson

Address: 1804 E Lafayette Pl

City: milwaukee ZIP CODE: 53202

E-Mail: _____

Organization Represented (if any): _____

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Montreal Civil

Address:

City:

MKE

ZIP CODE:

E-Mail:

Director@HousecallWI.com

Organization Represented (if any):

MEERA

☒

I wish to speak.

☐ I do not wish to speak.