

No. 1

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: JUAN CARLOS RUIZ

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 2

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: DARRYL MORIN

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 3

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: MARIA CAMERON

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 4

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: CHRISTINE NEWMAN OBTI

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 5

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

REGISTRATION FORM

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Name: JAMES ALVARADO

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 6

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: SYLVIA DARTZ

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 19

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Larry Miller

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2584 N Farwell Ave

City: Milwaukee Zip Code: 53211

Organization Represented (if any): School Board

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Jose G. Perez

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 1112 S. 8th

City: MILW Zip Code: 53204

Organization Represented (if any): Latino Redistricting Committee

I wish to speak.

HCCW

I do not wish to speak.

No. 7

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: JOSE PEREZ

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 8

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Jacqueline Ivy (AKA) Jackie Ivy

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2426 N. 18th St

City: Milw, WI Zip Code: 53212

Organization Represented (if any): NAACP

I wish to speak.

I do not wish to speak.

No. 9

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: RACIL HUBERTA

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: _____

City: _____ Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 10

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Kenneth P. Greening

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 642 South 94 PLACE

City: West Allis Zip Code: 53214

Organization Represented (if any): Voces De La Frontera

I wish to speak.

I do not wish to speak.

No. 11

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: FELIX - A. QUESTELL JR

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 911 - W. MAPLE ST

City: MILWAUKEE Zip Code: 53204

Organization Represented (if any): H.E.W

I wish to speak.

I do not wish to speak.

No. 12

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: PRIMITIVO TORRES

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2514 W MINNEN ST

City: MILWAUKEE Zip Code: 53204

Organization Represented (if any): UCCES

I wish to speak.

I do not wish to speak.

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~~110063~~
No. _____

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: RAY VAHEY

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 924 EAST JUNEAU #824

City: MILWAUKEE ~~#~~ Zip Code: 53202

Organization Represented (if any): EQUALITY WISCONSIN + FRONTIER ^{VOICES DELTA}

I wish to speak.

I do not wish to speak.

No. 19

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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Name: MANUEL SANCHEZ

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 1114 S 29TH ST

City: MILWAUKEE WI Zip Code: 53215

Organization Represented (if any): NONE

I wish to speak.

I do not wish to speak.

No. 14

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Freya Neumann

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 1626 S. LAYTON BLVD

City: MKE Zip Code: 53215

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 15

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: MANUEL J. MENDOZA

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 3235 W. SCOTT

City: MILWAUKEE Zip Code: 53215

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 16

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

REGISTRATION FORM

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Name: VINCENT KNOX

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2446 N. 46TH ST

City: Milwaukee Zip Code: 53212

Organization Represented (if any): Milwaukee Redistricting Educ. Project

I wish to speak.

National Action Network

I do not wish to speak.

No. 17

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

REGISTRATION FORM

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Name: GREGG LINDNER

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 6055 S 6th St

City: Milwaukee Zip Code: 53221

Organization Represented (if any): BID 40, A6BA, Aeropolis
MILWAUKEE

I wish to speak.

I do not wish to speak.

No. 18

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Joan Martínez

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 5830 W. KK River Pkwy

City: West Allis Zip Code: 53219

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Jennifer Gordon

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 4229 S. 1st Place

City: Milwaukee Zip Code: 53207

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Kenneth FRAUZEN

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 3002 S. 46th

City: MILWAUKEE Zip Code: 53216

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 22

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

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: Connie Wilson

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 6220 S. 1st St

City: Milwaukee Zip Code: 53207

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

