No.	
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REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Regarding file: 130325 - Resolution relative to the establishment of the Year

2014 Funding	Allocation Plan.
Name: R	EYON Thompson
Address:	
City:	Zip Code:
Organization l	Represented (if any): LPCO, TWO
	I wish to speak.
	I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Ro	TH VARNADO	_
Address: 27	45 W- 2820 W STARK ST.	
City: Mile	NAUKCE Zip Code: 53 ZO9	_
Organization	Represented (if any): Lincoln hack Comm	1
	I wish to speak.	
	I do not wish to speak.	



REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

regarang mer reserve mederation relative to the cottonionincity of the real
2014 Funding Allocation Plan.
Name: Delit Melle Lucy
Address: 2820 WARE
City: Mulu WI Zip Code: 53709
Organization Represented (if any): LINCON PARIC COM M
I wish to speak.
I do not wish to speak.

Regarding file: 130325 - Resolution relative to the establishment of the Year

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013
6:00-8:00 P.M.

James O. Wright Center (Goodwill)
John L. Miller Learning Center
6055 N. 91st. St.

Name: Anfirmec Bennett	
Address: 2228 N. 45th St.	
City: Milevaunce, WI	Zip Code: <u><3208</u>
Organization Represented (if any):	co g a hill
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Mar: CII John Son	
Address: 3254 North Holton are	
	Zip Code: 53212
Organization Represented (if any): CAF a_	and Say Cityon Ohill
✓ I wish to speak.	,
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name:	JIM GRAMLING		
Address:	1541 N. CASS 57.		
City:	MILWI	Zip Code:_	53307
Organizatio	on Represented (if any): CENTER	R FOR OA	IVER'S LICENSE
文	I wish to speak.	r ecovery	(wes)
	I do not wish to speak.		



REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

2014 Funding Allocation Plan.

Name: Valencia Bethly

Address: 2819 N.314h St

City: MILW Zip Code: 53210

Organization Represented (if any):

X I wish to speak.

I do not wish to speak.

Regarding file: 130325 - Resolution relative to the establishment of the Year

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: SR. PATRICIA ROGERS
Address: 2400 W Locust
City: Milwanker, WF zip Code: 53506
Organization Represented (if any): Dominican Center
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Dayrel Folkman
Address: 2737 N. Meil St
City: Molwauker Zip Code: 53212
Organization Represented (if any): Non Dofit Costa
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Tim HILLEN	
Address: 3291 N. JIVBLVA	١
City: MILW.	Zip Code:
Organization Represented (if any):	EIGH STAGET CAC
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Regarding file: 130325 - Resolution relative to the establishment of the Year

I do not wish to speak.

2014 Funding Allocation Plan.

Name: Seph W. Elwang

Address: /637 N. 16 45 54

City: Milwawkel Zip Code: 53205

Organization Represented (if any): M/CAH/Isanstown Poly

I wish to speak.

REGISTRATION FORM

Special Public Hearing -

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Mary Hochwa			
Address: 9225 NZ	20th		
City: MK	Zip Co	ode: 530=	33
Organization Represented (if any):	Historia	Shanville	Corp
I wish to speak.			
I do not wish to speak.			

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Larry "Spoke" Bandy
Address: 2975 N. Frather Street
City: Milwankee Zip Code: 53212
Organization Represented (if any): Rivewest
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: DAVID STFFLE
Address: 2921 N 5642 97_
City: MILWAYLOST, WT Zip Code: 53210
Organization Represented (if any): DWALEIGIA PI CDC.
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Jane	es w. Shown	
Address: 5/	9 71.26 St	
City: "Mill,	4),2	Zip Code: 53206
Organization Rep	oresented (if any):	
<u>≺</u> I.	wish to speak.	
I	do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Linda M. POST	
Address: 2820 N. 3574 ST.	
City: Milwankee zip Code: 53210	
Organization Represented (if any): Sherman Park Comm. Assa- Hadley Terrace Counce	_
Y I wish to speak. Hadley Terrace Counce	L
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: MS. Dacum Powell	
Address: 3273 N&4h	
City: M/Waubes	Zip Code: 53206
Organization Represented (if any): Safe	sound
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name:	lena Sinwzi
Address: 5	727 W Broklyn Place
City: Milh	7. Zip Code: 53216
Organization 1	Represented (if any):
	I wish to speak.
	I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Felitz Daniels Ashley
Address: 600 E. Mason Street
City: Milw Zip Code: 53202
Organization Represented (if any): Metro. M. lw. Fair Housing Council
I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: <u>Desmond Parter</u>	
Address: 1919 N. 11th St.	
City: Milwaukee	Zip Code: 53205
Organization Represented (if any):	Lunning Rebels
I wish to speak.	
I do not wish to spea	k.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Assum Frank

Address: Assum Frank

City: Mingaukee WI Zip Code: 53A@G

Organization Represented (if any):

I wish to speak.

I do not wish to speak.

Regarding file: 130325 - Resolution relative to the establishment of the Year

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Delevanta rator	
Address: 3179 W1474	
City: Mi) wellen	Zip Code: Szas
Organization Represented (if any): Punning	Rebels
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Raejion Rembert	
Address: 3912 N 37th 84	
City: Milwauhee WI	Zip Code: <u>\$3266</u>
Organization Represented (if any):	Wawn YMCA
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Verry Gardife	<u>(</u>
Address: 3252 nun Alst Alver	•
City: Milway Kee With	Zip Code: 5320 (
Organization Represented (if any):	Parklawn Y
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Antol	newiel
	4 38th Street
City: Milwa	Whee, WI zip Code: 53216
Organization l	Represented (if any): Parklawn Ym(A
	I wish to speak.
	I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: () anell Cross	
Address: 2601 N 34H	· · · · · · · · · · · · · · · · · · ·
City: Mil	Zip Code: 532 10
Organization Represented (if any):	& BNCT MPCats
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

ame: Dorbara Notstein
ddress: 345) N. Bertlett Aug
ity: M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
rganization Represented (if any):
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name:	OUDIE BUCK MARY F WILLIAMS
Address:	472 N40th SA
City Mil	warkel zip Code: 53210
Organization 1	Represented (if any): NP Pari Ploy Run
7	I wish to speak.
	I do not wish to speak.

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name:	Lois		Kedic	1			
Address	s: 24	10	W,	MCKIN	ley A	ve	
City:	4 Iwa	uKee			_ Zip Cod	<u>. 5</u>	3205
Organiz	zation Rep	resente	d (if any):	Sal	وع	Sa	ind
-}	I	wish to	speak.		u		
_	I o	do not v	vish to spea	k.			

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Shan	e1) L · k	<u> 2010 CUS</u>	<u>oh</u>			
Address: 385	3 N. 6	8 St				
City: MI LW	HUKER		Zip C	ode: 15	3216	2
Organization Re	presented (if an	y): Lunco	In Po	2 KK	com	CER
<u>/</u> I	wish to speak.					
I	do not wish to	speak.				

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Holt Findmar 2 ebrage?
Address: Couch - 136- Fort Krefe AIRAR ADDINGS +h(ext7W15/8,05/7) - Fort Krefe AIRAR ADDINGS
City: Zip Code: 532/2-6509
Organization Represented (if any): MACOON WONTOFF MONEY, NOTION I wish to speak. The speak of t
I do not wish to speak

No.	

REGISTRATION FORM

Special Public Hearing

Monday, July 8, 2013 6:00-8:00 P.M. James O. Wright Center (Goodwill) John L. Miller Learning Center 6055 N. 91st. St.

Name: Simean Hend	ersa
Address: 4340 N 46th	84.
City: Melcroller, WI	Zip Code: 5>>16
Organization Represented (if any): I wish to speak.	YMCA - PArklawn
I do not wish to speak.	