

No. 1

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

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Annie Travis

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2501 North 37th

City: Milwaukee Zip Code: 53210

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

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Josephine Key

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 3146 N. Buffum St.

City: Milw Zip Code: 53212

Organization Represented (if any): Safe & Sound

☒ I wish to speak.

☐ I do not wish to speak.

No. 3

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

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Jermaine Alexander

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2541 N. 48th St.

City: Milwaukee Zip Code: 53210

Organization Represented (if any): Sherman Park Comm. Assoc.

☒ I wish to speak.

☐ I do not wish to speak.

No. 4

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

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Donna Rongholt-Migan

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 845 N. Van Buren St.

City: Milw Zip Code: 53202

Organization Represented (if any): Cathedral Center

☒ I wish to speak. Sheltered Transitional
Housing Task Force

☐ I do not wish to speak.

No. 5

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

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Karen Ferguson

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2854 N33rd St

City: Milwaukee Wis Zip Code: 53216

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

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Leigh Kunda

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2779 N. 41 St

City: Milwaukee Zip Code: 53210

Organization Represented (if any): Nonprofit Center of Milwaukee

☒ I wish to speak.

☐ I do not wish to speak.

No. 7

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

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: Beth Roselow

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 5460 N. 64th

City: Milwaukee Zip Code: 53210

Organization Represented (if any): SSNC

☒ I wish to speak.

☐ I do not wish to speak.

No. 8

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

James Madison Academic Campus
8135 W. Florist Avenue

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: EZZARD CHARLES White

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 3518 N. 5th Blvd

City: Milwaukee Zip Code: 53216

Organization Represented (if any): (OHMS) ONE HOPE MADE STRONG

☒ I wish to speak.

☐ I do not wish to speak.

No. 9

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

REGISTRATION FORM

Special Public Hearing

Tuesday, July 7, 2015
6:00-8:00 P.M.

**James Madison Academic Campus
8135 W. Florist Avenue**

Regarding file: 150324 - Resolution relative to the establishment of the Year 2016
Funding Allocation Plan.

Name: GOFFERTY GRAHNSKI

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2803 N. SHERMAN BLVD

City: MILWAUKEE Zip Code: 53210

Organization Represented (if any): SHERMAN PARK COMMUNITY ASSOCIATES

☒ I wish to speak.

☐ I do not wish to speak.