

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At South Division High School
1515 W. Lapham Blvd.

Committee: Community and Economic Development Committee

Date: July 16, 2008

Regarding: 080408 - Resolution relative to the establishment of the Year 2009
Funding Allocation Plan.

Name: CLARENCE LORENZ

Your Name Phonetically (If you wish to speak): CLAPPENEF

Address: 1633 S 25TH ST

City: MIL **ZIP Code:** 53204

Organization: (if any): BLOCK WATCH

E-Mail Address: C.LORENZ@ATT.NET

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

☐ I do not wish to speak

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Name: Supreme S. Allah

Your Name Phonetically (If you wish to speak): _____

Address: 2438 N. Bremen St.

City: Milwaukee, WI **ZIP Code:** 53212

Organization: (if any): Cream City Mentors

E-Mail Address: ~~Street~~ academy@sbcglobal.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Jim Palzewicz

Your Name Phonetically (If you wish to speak): Pal-za-wits

Address: 15860 Vernon Drive

City: Brookfield **ZIP Code:** 53005

Organization: (if any): Action Coach Business Coaching

E-Mail Address: JimPalzewicz@actioncoach.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: DAGOBERTO IBARRA

Your Name Phonetically (If you wish to speak): _____

Address: 2925 W. Walnut St.

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Bethany Sanchez

Your Name Phonetically (If you wish to speak): _____ Home

(Work) **Address:** 600 E. Mason / 1945 N. 2nd

City: MKE **ZIP/Code:** 53202 / 53212

Organization: (if any): Metro Milw. Fair Housing Council

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: JOHN CRISBOLM

Your Name Phonetically (If you wish to speak): (LIKE THE TRAIL)

Address: 821 W. STATE ST.

City: MILWAUKEE - **ZIP Code:** 53234

Organization: (if any): MIL. CO. PA'S OFFICE

E-Mail Address: MILWAUKEE.PA@MAIL.MILWAUKEE.WI.GOV
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Name: FELIX QUESTELL

Your Name Phonetically (If you wish to speak): _____

Address: 911 W. MAPLE ST

City: MILW **ZIP Code:** 53204

Organization: (if any): _____

E-Mail Address: _____

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Name: Charles Reese

Your Name Phonetically (If you wish to speak): Charles Reese

Address: 801 W. Michigan

City: Milwaukee **ZIP Code:** _____

Organization: (if any): Safe and Sound

E-Mail Address: Charles@milwaukeehidta.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Peggy West

Your Name Phonetically (If you wish to speak): Peg-E West

Address: 1111 W. Scott St.

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): _____

E-Mail Address: sup_dist12@yahoo.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: John Kaye

Your Name Phonetically (If you wish to speak): _____

Address: 540 N. 33

City: Milw **ZIP Code:** 53208

Organization: (if any): MCC - but not have representing

E-Mail Address: jlkaye@wi.gov.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak - but not if there's lots of others - no big deal

☐ I do not wish to speak

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Name: BILL KEETON

Your Name Phonetically (If you wish to speak): _____

Address: 820 N. PLANKINTON AVE

City: MKE **ZIP Code:** 53203

Organization: (if any): AIDS RESOURCE CENTER OF WISCONSIN

E-Mail Address: bill.keeton@arcw.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: _____

Steve Fendt

Your Name Phonetically (If you wish to speak): _____

Address: _____

3149 N Weil St

City: _____

Milw

ZIP Code: _____

53212

Organization: (if any): _____

SOC

E-Mail Address: _____

sfendt@socmilwaukee.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Brends Cooper

Your Name Phonetically (If you wish to speak): _____

Address: 3158 N. 47th St

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): The Mosaic on Surley

E-Mail Address: _____

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Name: IRV Bostwick

Your Name Phonetically (If you wish to speak): _____

Address: 5604 W. Burlington

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): The Mosaic on Burlington

E-Mail Address: _____

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Name: Mike Johnson

Your Name Phonetically (If you wish to speak): _____

Address: 2344 A S 18 ST

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): SOC board member

E-Mail Address: mike.johnson@borrettmoving.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Lesley Salas

Your Name Phonetically (If you wish to speak): Sah - Las

Address: ~~10416 Whitnall~~ ~~202 W. Highland~~

City: ~~Franklin~~ **ZIP Code:** 53132

Organization: (if any): Nonprofit Center

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: ORETIA HARRIS

Your Name Phonetically (If you wish to speak): _____

Address: 3166 N 53rd St

City: M.D. **ZIP Code:** 53216

Organization: (if any): Mosaic on Burlingame

E-Mail Address: HARRIS217@gmail.com

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Name: Jose Meraz

Your Name Phonetically (If you wish to speak): _____

Address: 2143 S 24 HT

City: Milwaukee W **ZIP Code:** WT

Organization: (if any): _____

E-Mail Address: _____

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Name: MARTY WALL

Your Name Phonetically (If you wish to speak): _____

Address: 5705 W. TRAYTON

City: MILWAUKEE **ZIP Code:** 13

Organization: (if any): _____

E-Mail Address: _____

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Name: Stephanie Saniter

Your Name Phonetically (If you wish to speak): _____

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): Hope House

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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