

9

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Barry Minis

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

Address: 3760 N. 53RD ST.

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): Northwest Side CDC

E-Mail Address: bminis@NWSEDC.ORG
(Unless specifically requested not to, we will be contacting you via e-mail.)

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: HOWARD SNYDER

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

Address: 4265 N. 30th

City: Milwaukee **ZIP Code:** _____

Organization: (if any): NWSDC

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: KARIN A. LONG

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

Address: 1216 E. VIENNA AVE

City: MIL **ZIP Code:** 53212

Organization: (if any): LANDLORD TRAINING

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Ray Cortiss

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

Address: 521 S 9th

City: Milwaukee WI **ZIP Code:** 53204

Organization: (if any): The Community Warehouse

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Yolanda Gault

Your Name Phonetically (If you wish to speak): Y-LON-DA

Address: 2819 W. Highland Blvd

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Nonprofit Center

E-Mail Address: Yalomea@nonprofitcenter Milwaukee
(Unless specifically requested not to, we will be contacting you via e-mail.) Yg

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Pastor Charlie L. Walton

Your Name Phonetically (If you wish to speak): no

Address: 3412 W. Center

City: Milwaukee **ZIP Code:** 53217

Organization: (if any): Alphomage LLC

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Lorice Buckley

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

Address: 6014 W. Port Ave

City: Milwaukee **ZIP Code:** 53223

Organization: (if any): Favour Fortress Inc.

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: PROPHET
JAMES T. YOUNG

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

Address: 4540 N. 39th / 2112 W. CENTER

City: MILWAUKEE **ZIP Code:** 53209

Organization: (if any): ALFALMCO

E-Mail Address: _____

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee
Date: July 15, 2008

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

Name: Freddie Ellison

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

Address: 2254 N 58th St

City: Mil **ZIP Code:** 53208

Organization: (if any): Creative Children Academics and Sports

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Ricardo Anderson

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

Address: 4408 N. 39th Street

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): CCAS

E-Mail Address: andersracmilwaukee.k12.wi.us

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Rose Pritchett

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

Address: 801 W Mich. Ave

City: Mil **ZIP Code:** 53233

Organization: (if any): SOFE - N - SAND

E-Mail Address: _____

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Leanne Stevens

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

Address: 4465 N. Oakland Ave, Suite 200

City: Shorewood **ZIP Code:** 53211

Organization: (if any): CFSS

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Debra Love

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

Address: 6156 W Medford Ave

City: Milw **ZIP Code:** 53218

Organization: (if any): Jeremiah MBC

E-Mail Address: DLove6156@Sbcglobal.net

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Diana Stewart-Hankins

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

Address: 8727 W Courtland Ave

City: Milwaukee **ZIP Code:** 53025

Organization: (if any): D.W. Wildcats Youth Development

E-Mail Address: dhankins@wi.rr.com

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Paula Butler

Your Name Phonetically (If you wish to speak): PAULA BUTLER

Address: 5687 N 55th Pl

City: MILWAUKEE **ZIP Code:** 53218

Organization: (if any): Safe & Sound Community Partners

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Akua Dantla

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

Address: 3347 N 29th St

City: Milw **ZIP Code:** 53216

Organization: (if any): _____

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Sherman L. Hill

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

Address: 335 W. Wright Street

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Harambee Ombudsman Project Inc

E-Mail Address: _____

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Al Luzzi - Agape CC

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

Address: 6100 N 42nd St

City: Milw **ZIP Code:** 53207

Organization: (if any): Agape CC

E-Mail Address: aluzzi@agape-center.org

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Muhsin Abdullah

Your Name Phonetically (If you wish to speak): A M O F

Address: 3352 N. 44 St

City: Milw. **ZIP Code:** 53216

Organization: (if any): _____

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: FRED CURZAN

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

Address: 2376 N 59th

City: Milw **ZIP Code:** 53210

Organization: (if any): SHERMAN PARK

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: DOROTA PRUSKI

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

Address: 424 W WASHINGTON ST.

City: MILWAUKEE **ZIP Code:** 53204

Organization: (if any): _____

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

☐ I wish to speak

☒ I do not wish to speak

19

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Ervin Weatherby, Jr.

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

Address: 5612 N. 40th St.

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): _____

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

☒ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

At Custer High School
6075 N. Sherman Blvd.

Committee: Community and Economic Development Committee

Date: July 15, 2008

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

Name: Jon H. Anderson

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

Address: 5760 N. 3701 W Lisbon AVE.

City: Milwaukee WI **ZIP Code:** 53208

Organization: (if any): LANA

E-Mail Address: _____

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

☐ I wish to speak

☒ I do not wish to speak