

Committee: Judiciary and Legislation Committee	
Date: 7/21/08	
Regarding: Items 5b. and 5c.	3
5b. 080419 - Substitute resolution submitting tapproval or disapproval a proposed ordinance rethe City of Milwaukee to provide paid sick leave	equiring employers within
5c. 080420 - A substitute ordinance requiring e to provide paid sick leave to employes.	employers within the city
Name: AMS STEAR	
Your Name Phonetically (If you wish to speak):	
Address: 2015 N. 54th ST.	
City: Micul. 2	IP Code: <u>532.28</u>
Organization: (if any): 9to 5, NAT'L. ASS	N OF WORKING WOMEN
E-Mail Address: Cmys@9to5.01	
(Unless specifically requested not to, we will be contacting	g you via e-mail.)
I support this measure	wish to speak
I don't support this measure	I do not wish to speak

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5c. 080420 - A substitute ordinance requiri to provide paid sick leave to employes.	ng employers within the city
Name: PASTOR JEANETTA	PERRU
Your Name Phonetically (If you wish to speak):	
Address: P.O.Box 1086	
City: M. Waukee	_ ZIP Code: _5.3201-/286
Organization: (if any): Calyacy Hill To	=Mp/E
E-Mail Address: parkers & email (Unless specifically requested not to, we will be cont	acting you via e-mail.)
support this measure	wish to speak
I don't support this measure	I do not wish to speak

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____ I do not wish to speak

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

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Name: Teresa Romas-Bayd
Your Name Phonetically (If you wish to speak):
Address: 3329 (). 545+
City: M.// ZIP Code: 53216
Organization: (if any): Chris Actor of MI
E-Mail Address: (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measure I wish to speak

_I don't support this measure

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5c. 080420 - A substitute ordinance requiring em to provide paid sick leave to employes.	ployers within the city
Name: Shoila D, Cool	hran
Your Name Phonetically (If you wish to speak):	
Address:	E
City: 33/6-N. S/ S/ S/ DV. ZI	P Code: <u>53216</u>
Organization: (if any): Milw Ankes CAR	Box Council
E-Mail Address: Sheila Wilwaukeel ABOR Ord (Unless specifically requested not to, we will be contacting you via e-mail.)	
I support this measure	I wish to speak
I don't support this measure	I do not wish to speak

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5c. 080420 - A substitute ordinance requiring ento provide paid sick leave to employes.	mployers within the city
Name: POTRICIA MCMANUS	
Your Name Phonetically (If you wish to speak):	
Address: 3020 West Vlut Stre	e &
City: Milwantee Z	IP Code: 53208
City: Milwantee Z. Organization: (if any): Black Health C	satition of Wisconsin
E-Mail Address:	g you via e-mail.)
I support this measure	wish to speak
I don't support this measure	I do not wish to speak

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Name: PETER BLEWETT
Your Name Phonetically (If you wish to speak):
Address: 2750 N 45 ST
City: MILWAUKEE ZIP Code: 53216
Organization: (if any): MPS BOARD E-Mail Address: blewette milwurke k/Zwiw
E-Mail Address: bewette milwude . k/Z wiw (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measure I wish to speak
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Name: Jennifer Epps
Your Name Phonetically (If you wish to speak): Jennier Epps
Address: 633 S. Hawley Rd
City: Milwaukee, W ZIP Code:
Organization: (if any): 6000 Jobst / wable Neighb
E-Mail Address: Jepps@ Communitybeneft
(Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measureI wish to speak

___ I do not wish to speak

I don't support this measure

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Name: Paula H. Penebaker
Your Name Phonetically (If you wish to speak): PENNY-BAKER
Address:
Address: ZIP Code:
City: ZIP Code: Organization: (if any): YWCA of Greater Milwaukee_ E-Mail Address:paula.penebaker@ywcamilw.org (Unless specifically requested not to, we will be contacting you via e-mail.)
City:ZIP Code: Organization: (if any): YWCA of Greater Milwaukee

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5c. 080420 - A substitute ordinance requiring employers within the cit to provide paid sick leave to employes.	у
Name: Bonnie Brusky	
Your Name Phonetically (If you wish to speak): Bruske	
Address: 3158 N. Humboldt Blvd.	
City: Milwante ZIP Code: 53212	
Organization: (if any): MPS/MTEA	_
E-Mail Address: bruskybonnie @ yahoo. com	
(Unless specifically requested not to, we will be contacting you via e-mail.)	
X I support this measure	
I don't support this measureI do not wish to speak	ζ

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Name: Sherry Johnson
Your Name Phonetically (If you wish to speak):
Address: 2153 97. 4014
City: Milwarkee, WI, ZIP Code: 53208
Organization: (if any): 9 5
E-Mail Address: 7000 E (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measure
I don't support this measure I do not wish to sneak

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5c. 080420 - A substitute ordinance requirir to provide paid sick leave to employes.	ng employers within the city
Name: Jayme Montanmen	
Your Name Phonetically (If you wish to speak):	laime Montamery
Address: 3020 W Vict St	J. U
City: Milmaukee	ZIP Code: 53208
Organization: (if any): Campaign Agai	ast Violence Paid School Coalition
E-Mail Address:	
I support this measure	I wish to speak
I don't support this measure	I do not wish to speak

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Name: DAVID E. PALMER
Your Name Phonetically (If you wish to speak):
Address: 3535 N. 7974 ST.
City: MILWAUKEE ZIP Code: 53222
Organization: (if any):
E-Mail Address: (Unless specifically requested not to, we will be contacting you via e-mail.) I support this measure

____ I do not wish to speak

__I don't support this measure

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Name: ELLEN BRAVO
Your Name Phonetically (If you wish to speak):
Address: 8/18 IN LYNMAR TERRACE
City: 111 Code: 53 202
Organization: (if any):
E-Mail Address: DVUVO W WM. C/W (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measure

_I don't support this measure

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5c. 080420 - A substitute ordinance requiring to provide paid sick leave to employes.	g employers within the city
Name: Lisa Conig	·
Your Name Phonetically (If you wish to speak):	
Address: 142/ North 3	747
City: Milaga Vica	ZIP Code: <u>5325</u>
Organization: (if any):	
E-Mail Address: Contact Contac	
T support this measure	I wish to speak
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Name: John Goldsten		
Your Name Phonetically (If you wish to speak):		
Address: 920 E Pleasant #2		
	ZIP Code: 53 202	
Organization: (if any):		
E-Mail Address: 1901/15tem@ community benefits -015		
(Unless specifically requested not to, we will be contact	ting you via e-mail.	
I support this measure	I wish to speak	
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Name: Larry Miller
Your Name Phonetically (If you wish to speak):
Address: 8118 W Lynnar Tenpace. City: M. Waskee WI ZIP Code: 53222
City: M, Warker WI ZIP Code: 53222
Organization: (if any):
E-Mail Address: L Miller F @ execp C. Wm (Unless specifically requested not to, we will be contacting you via e-mail!)
I support this measure
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Name: Dennis Oulghan
Your Name Phonetically (If you wish to speak): 00 - /a - h gh
Address: 1118 S. 29th 87.
City: He where ZIP Code: 53215
City: <u>Malworker</u> ZIP Code: 53215 Organization: (if any): <u>Malworker Teachers</u> ? Education Assiciation
E-Mail Address: <u>Gulahand@ Infea. Were ow</u> (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measureI wish to speak
I don't support this measureI do not wish to speak

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Name: Lee E. Handerson	
Your Name Phonetically (If you wish to speak):	
Address: 2615 1) 48th St.	
City: 77 ZIP Code: 532/0	al
Organization: (if any): Coalition & Black Tradelenianist AFSCME Retiree ACLU (Mil. Chapter) F-Mail Address:	is (Ina
E-Mail Address:	
(Unless specifically requested not to, we will be contacting you via e-mail.)	
I support this measureI wish to speak	
I don't support this measureI do not wish to speak	

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Name: VISVla Mlynarek
Your Name Phonetically (If you wish to speak): Evsula Milnarek
Address: BB 2426 E. Oklahoma # 4
City: Milwautel ZIP Code: 53207
Organization: (if any): Good Jobs Livable Weighborhoo
E-Mail Address: Va mynavek @ amail. (OW (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measure X I wish to speak
I don't support this measureI do not wish to speak

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Name: JAIME MALISZEWSKI
Your Name Phonetically (If you wish to speak) Thy mee MAL Shev St
Address: 5230 S. 13th St
City: Milwackel ZIP Code: 5322/
Organization: (if any): NGBN REBID RPW, Inc.
E-Mail Address: amem@ RPWINC. ne (Unless specifically requested not to, we will be contacting you via e-mail.)
I support this measure I wish to speak
I don't support this measure I do not wish to speak