No.	
-	ly 18, 2017

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Ms PosE
Address: 10, Box 1783
City: MILWAUTEE
Organization Represented (if any):
Email:
I wish to speak.
I do not wish to speak.

No. \_\_\_\_\_\_\_ July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Name: Jenny von	Helms	-Salvation	1 Arm
Address: 634296	Bar 1	730 N.7	# St.
City: MilW			_
Organization Represented (if any):	salvad	nonArmu	_
Email: jennifer-			
	5	ial vation à	symy.
I wish to speak.		E	385
I do not wish to spe	eak.		

No. July 18, 2017

#### OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Karl Schoendord
Address: La Causa - 522 Cv. Wall St.
City:
Organization Represented (if any): La Causa Crisis Nursery
Email: Karls (a) CaCausa. OR
I wish to speak.
I do not wish to speak.

No. \_\_\_\_\_\_

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: (1) endu Weckler
Address: Hope House 209 W. Olchand
City: Mi War Cee 53204
Organization Represented (if any): Hope House & She Item
Email: Wendy Was hopehouse mke. To Sk force
org
I wish to speak.
I do not wish to speak.

3.T	5
No.	
J <sup>.</sup>	uly 18, 2017

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: REED WEICK
Address: 5166 N, 407 ST,
City: MI LWMUKEE 53209
Organization Represented (if any):
Email: <u>reedegpmmke.org</u>
I wish to speak.
I do not wish to speak.

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443	<ul> <li>Substitute</li> </ul>	resolution	relative	to the	establishm	nent of	the '	Year
2018 Funding Allocation	Plan.							

Name:	Karen	Higgins	LJohn	Kaye	
Address:	807 S.	14th Str	est nu	IW, WI	5 3006
City:					
Organization R	epresented (i	fany): <u>Mlu</u>	inukee C	hrista	Couty
Email:	riggins	@ MCC	w1.00	5	
	I wish to spea	ık.			
	I do not wish	to speak.			

No. July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Name: Amber Miller + Darian Luckett
Address: 1533 N. River Center Dr.
City: M. / W 53212
Organization Represented (if any): LE WOMEN'S Business Inter-
Email: Amiller Pwwbic Com WWBIC
I wish to speak.
I do not wish to speak.
The state of the s

#### OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: Josephine Key
Address: 3146 N. Butum St.
City: Milw, Wisc
Organization Represented (if any): Sale & Souns
Email:
I wish to speak.
I do not wish to speak.

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year

2018 Funding Allocation Plan.
Name: Tim BALKE
Address: 1028 S 9th St
City: Milwsukee
Organization Represented (if any): The United Community lentlet
Email: HALKE eunited cooks
I wish to speak.

I do not wish to speak.

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Name: William Coleman		
Address: 801 W. Michigal		
City: Milyankee		
Organization Represented (if any):		
Email: willow @ saferond org		
I wish to speak.		
I do not wish to speak.		

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year

2018 Funding Allocation Plan.
Name: ALPHA JALLOTI
Address: <u>428</u> 5 320
City: MILWAUKES
Organization Represented (if any):
Email: ALPHA-M.JALLOH @ GMAIL. CON
I wish to speak.

I do not wish to speak.

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: LINDA L. ZINKE
Address: 2213 5,1874 st.
City: Mikwayker
Organization Represented (if any):
Email: ZWKELIWOHE YAHOO. COM
I wish to speak.
I do not wish to speak.

No. July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: Delyn Crawtord
Address: 335 W. Wright St.
City: Milwaukee
Organization Represented (if any): West Care
Email: delvyn, Crawford@westcare.com
I wish to speak.
I do not wish to speak.

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: TAMMY L. RIVERA
Address: 1900 G. LAYON FILVO
City: MILWANKEE
Organization Represented (if any): SOME ORGANIZATION COMMITTEE  I wish to speak.
I do not wish to speak.

No. / S July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Marina M Borges
Address: 1914 S. 114h J
City: MIWaulle WI 53204
Organization Represented (if any): De Southside Organizing
Email: Commille
I wish to speak.
I do not wish to speak.

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Name:
Address: 1122 Wimhlis On ST.
City: Milway (00 WF 53204
Organization Represented (if any): SAR & SOUND
Email:
I wish to speak.
I do not wish to speak.

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
2010 Fulling Allocation Flam.
Name: SOCOMO LOPEZ
Address: 122 We Madis an ST.
city: Milwelle WI 53204
Organization Represented (if any):
Email:
I wish to speak.
I do not wish to speak.

No	18
Tuil.	v 18 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: FERMANDO CAMPOS		
Address: 1628 56 912 51-		
City:/. Lei-		
Organization Represented (if any):		
Email: FCAMPOSO United CC.079.		
I wish to speak.		
I do not wish to speak.		

No. <u>19</u> July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

### REGISTRATION FORM

Name: Devin Davis		
Address: 335 W. Wright ST.		
City: Wan Kel		
Organization Represented (if any): Westcare Wiscensin		
Email:		
I wish to speak.		
I do not wish to speak.		

No. <u>20</u> July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: Tyrone McKee
Address: 1730 W North Luc
City: Lulu
Organization Represented (if any):
Email: + Mckee & cr-sdc.or)
I wish to speak.
I do not wish to speak.

No. 2 July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Karen Gotaler
Address: 62ft E Kilbonrn Apt 574
City: Mi Wanker 53207
Organization Represented (if any): MWawker LGBT Community
Email: <u>factuler</u> @ mkelabt.org ('enter
I wish to speak.
I do not wish to speak.

No. <u>22</u> July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: H	pie tisenbach
Address:3	361 N. 545 57
City: Mī	Iwaokee W± 53216
Organization l	Represented (if any): Stermen Park citizens Patrol
Email: MK	EASKAWDgmail.com
	I wish to speak.
	I do not wish to speak.

No. 23
July 18, 2017

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Yea 2018 Funding Allocation Plan.
Name: Jacob Hamalian
Address: 1645 N 25th 5+
City: Milworker
Organization Represented (if any):
Email: Jacob homation Puse selvedisnarmy org
I wish to speak.
I do not wish to speak.

No. 24 July 18, 2017

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: 180nny Lopez
Address: 1234 S. Layton Block
City: Milwardell
Organization Represented (if any): Nere For SOC
Email:
I wish to speak.
I do not wish to speak.

No. 25
July 18, 2017

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Travis Hope
Address: 1650 S. 21
City: M: W, WI
Organization Represented (if any): Kriver Weighbors inaction
Email:
I wish to speak.
I do not wish to speak.

No. <u>Z6</u> July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: Adrian Spencer
Address: 240 W McKinley AVE
City: Milwaukee
Organization Represented (if any): Sore & Sound Jothers
Email: <u>adrian@Sarasound.org</u>
I wish to speak.
I do not wish to speak.

# OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Dons, a Strong Hill
Address: 234 W- Hovida
City:
Organization Represented (if any):
Email:
I wish to speak.
I do not wish to speak.

No. 28
July 18, 2017

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Name: Brian Peters				
Address: S40 6. (st Street				
City: Milwaukee				
Organization Represented (if any): Independence first				
Email: bpctesseinde pendence First org				
I wish to speak.				
I do not wish to speak.				

## OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

#### REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year

2018 Fund	ling Allocation Pl	an.			
Name:	LNGELA	Riley			
Address:	3003	W	HAYES	AVE	
City:	MILWAUK	EE			
Organizat	ion Represented	d (if any): _	SOC	LAYTON	PARK SOUTH
Email:	lux.gela	a gm	sail_	NEIGHB	, ores
$\geq$	I wish to s	peak.			

I do not wish to speak.