

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Eddie Hatch Michelle Daws-Hatch
Address: 4843 N. 25th Street
City: Mhwaekee
Organization Represented (if any): Night Owl Jewics LLC
Email: EHatch 2009 alburar l. Com
I wish to speak.
I do not wish to speak.



Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: HARIE TEXTER
Address: 3821 W Sarnow Street
City: Milwauker
Organization Represented (if any): Genesis Building Better Lives Corp
Email: <u>anniepertiret@yahoo</u> , com
I wish to speak.
I do not wish to speak.



Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: CAROLYN Luckett
Address: 1609 N 23 rd St
City: Milwauku W1 53205
Organization Represented (if any):
Email: Clucket+2617 egmail. Com
I wish to speak.
I do not wish to speak.

No. ________

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

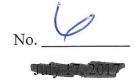
Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Tim Hillen
Address: SZ90 N. STOR RLVA
City: MICW
Organization Represented (if any): RUNCEIGH STREET CSC
Email: HILLEGRAN LAOVICOUY
I wish to speak.

I do not wish to speak.



REGISTRATION FORM

Name: Mary Worten S
Address: Dry N36m Sheet
City: Milwayla
Organization Represented (if any):
Email: desde monaga galurecom
I wish to speak.
I do not wish to speak.



REGISTRATION FORM

Name:	Sothan Sanchez
Address:	945 N. 2 nd St.
City:	Milwaukee
Organization	Represented (if any): Motro Milw. Fair Housing Carri
Email: b s	sanchez@fairhousing wisconsin.com
X	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: Patrice & Denni's Biddle
Address: 9418 M. Green Bay Rd.
City: Brown Dever WI. 53209
Organization Represented (if any): Bridging Gaps To Greatness
Email: gingergenius gmail.com
I wish to speak.
I do not wish to speak.



REGISTRATION FORM

Name: Shell
Address: 4201 N. 27th grace
City:
Organization Represented (if any):
Email: <u>Dovernanwscac</u> norg
I wish to speak.
I do not wish to speak.



REGISTRATION FORM

<u> </u>	
Name: MEVA Hill	
Address: 8865 G N. 918+ S	meet
City: Mil wanter, WI 53221	- Constitution of the Cons
Organization Represented (if any): The Wood!	ands
Email: NEVALHIII e gmail . Com	
I wish to speak.	
I do not wish to speak.	

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Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: Bernade He Anderson

Address: 4718 W. Gorffeld Ave.

City: Milwaukee

Organization Represented (if any): The House of Kings

Email: hokpa wirr can

I wish to speak.

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NO		-

REGISTRATION FORM

Name: /rone Tricc
Address: $\frac{\beta_i \circ \beta_i}{\delta} \circ \times (4236)$
City: M.L + TRice Boxing Team
Organization Represented (if any):
Email: Tyrone. Trice
I wish to speak.
I do not wish to speak.

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year
2018 Funding Allocation Plan.
Name: Melte Versey
Address: 4222 W Captal Dr. Suite #3/4
City: Nie 1 WF 53214
1 10 1 1 3 1 124
Organization Represented (if any):
Email: Smilen Christa yahre com
V
I wish to speak.
I do not wish to speak.

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REGISTRATION FORM

Name: LUGONO SAROFKIN
Address: 7009 W. WELLS ST
City: WAUWA TOSA
Organization Represented (if any): MANY
Email: () NITE PROGRESSTUDS @ GNAIL. COM
I wish to speak.
I do not wish to speak.

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REGISTRATION FORM

Name: BRIANNA SAS PEREZ	
Address: 1545 S LAYTON BURD	
City: MILW. /53215	
Organization Represented (if any): LANDON BOULEVARD WEST NEIGHBO	ies, inc
Email: brianna Clbun.org	
I wish to speak.	
I do not wish to speak.	

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REGISTRATION FORM

Name: Nasheica Bryant
Address: 4362 N 5300 84
City: Milwarlea
Organization Represented (if any): The Freedom Fighters
Email: the freedom fighters tribe @gmail.com
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

Name: Frank SchSabauch

Address: 477 NTh 34th

City: MIN WE S3206

Organization Represented (if any): DNA Address: PR crisis prevention tresolution

Email: 15Frankn, 7th Qcmail. COM

I wish to speak.

____ I do not wish to speak.

REGISTRATION FORM

Name: SermainE Alexander
Address: 3526 W. Fond du Lac
City: Milwanker
Organization Represented (if any): 5PCA
Email: jernainea@ shermanpark.org
I wish to speak.
I do not wish to speak.

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No	18_

REGISTRATION FORM

Name: J.E ANOREA DEMBHARD
Address: 9551 N LAKE Dr.
City: BAX5/PE W1 53217
Organization Represented (if any):
Email: <u>jeandre52@ Yahou. Com</u>
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Name: De	aniel Gregory			
Address: 3	242 N 44thst			
City: Milo	د.	3216		
Organization	Represented (if any):	Therman Pack	Community	ASSOC
Email:				
$\stackrel{\times}{\times}$	I wish to speak.			
	I do not wish to speak.			

REGISTRATION FORM

Name: Mary	Hoehne		
Address:		Brown Deer	Rd,
City:	53224		
<i>a</i>		Granville ED	0
Email: Mary Egranvillebusiness. 019			
I wish to speak.			
I do :	not wish to speak.		

degarding file: 170443 - Substitute resolution relative to the establishment of the Yea
Jame: BARRY GIVENS Address: 3926 N. 44# ST
Address: 3926 N. 44# ST
City: Mikw.
Organization Represented (if any): 5PCA
Email:
I wish to speak.
I do not wish to speak.

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REGISTRATION FORM

Name: Maurice Fair		
Address: 2761 N. 12 TT ST		
City: MI WAUKEE, WI 53204	10000	
Organization Represented (if any): SEIF		
Email:		
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I wish to speak.		
I do not wish to speak.		
I do not with to speak.		

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No.	()

2018 Funding Allocation Plan.
Name: Tiffany McDuffie
Address: 5566 W. Roosevelt Dr. MKec)
City:
Organization Represented (if any): Purpo se ful PLAM
Email: Cachtiffany a playnke. com
I wish to speak.
I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Name: M CAILLARD
Address: P.O. Box 242203
City: MILW, WI
Organization Represented (if any): <u>EZEKIEL PROJECT HOPE</u>
Email: jime pyramid LLC. Com
I wish to speak.
I do not wish to speak.

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REGISTRATION FORM

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

2018 Funding Allocation Plan.

Name: Practure

Address: Lottol Wender H

City: Mills

Organization Represented (if any): Mute Mt

Email: Praculation Corporation C

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Address: 3421 W LISBON ALE

City: Mi Waw Kee

Email: 150Keserongkids. Dry

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____ I do not wish to speak.

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Name: <u>Che</u>	errie Lee Richardson
Address:	3221 W. Vliet lower
City:	W 53208
Organization 1	Represented (if any):
Email:	Cherrylee430 gmail. com
_	I wish to speak.
	I do not wish to speak.

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Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.
Name: Covey Kirkwood
Address: 2602 W. Aver Ave
City: Milwankee
Organization Represented (if any): M.J.P. Peace Center / Center Divector
Email: CKirkurad 2600 gmad 1. can
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Name: Micky McClinton (MJA Peace Center)
Address: 2602 W. Auer Ave.
City: Milwaukee, WI. 53206
Organization Represented (if any): M.J.P Peace Center
Email:
I wish to speak.
I do not wish to speak.

Regarding file: 170443 - Substitute resolution relative to the establishment of the Yea
2018 Funding Allocation Plan.
Name: Vivginia Pratt
Address: 4334 W. Usban Ave
City: Milwaylee, WI
Organization Represented (if any): POSPEV Jail Base Out Veach
Email: Vivainia Prot
I wish to speak.
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REGISTRATION FORM

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

Name: Willie Me Gee

Address: 2800 W Wright

City: Milwarker, WK 53210

Organization Represented (if any): Motealf

Email: Willie Megee 2012e Value, com

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____ I do not wish to speak.

REGISTRATION FORM

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

2018 Funding Allocation Plan.
Name: TAMES R MOSS
Address: 4608 W VICLARD
City: MLWHOREE W 532/8
Organization Represented (if any):
Email: Jamesmoss 810560 gmail com Jamesmoss 81056 ognail com
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Name: CRAIG STINGLEY
Address: 2107 N 5/5/5/
City:
Organization Represented (if any):
Email: CSTWGWEROCSIGON COM
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

Regarding file: 170443 - Substitute resolution relative to the establishment of the Year 2018 Funding Allocation Plan.

Name: 1. mothy Montgomery
Address: 2413 north 57 Locust
City: Milyoukae WI
Organization Represented (if any): LIONS OF Judah
Email: 11005 of reder Damail. com
ghost 777. tm agmal, com
I wish to speak.
I do not wish to speak.

Signed in too lake to spent.